



Preferred Drug List (PDL)

New Jersey

Effective Date: July. 1, 2024





UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.

You can also file a complaint with the U.S. Dept. of Health and Human Services.



Online:

ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/ocr/office/file/index.html



Phone:

800-368-1019, 800-537-7697 (TDD)



Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.



UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad o origen nacional, puede enviar una queja a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.



Internet:

ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at hhs.gov/ocr/office/file/index.html



Teléfono:

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Correo:

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Si necesita ayuda para presentar su queja, por favor llame al número gratuito para miembros anotado en su tarjeta de identificación como miembro.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros, tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-941-4647, TTY 711

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-800-941-4647, TTY 711.

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, faamolemole fa'afesoota'i mai le vaega a le UnitedHealthcare Community Plan ile telefoni 1-800-941-4647, TTY 711.

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-800-941-4647, телетайп 711.

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-800-941-4647 для осіб з порушеннями слуху 711.

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-941-4647, TTY 711로 UnitedHealthcare Community Plan에 전화하십시오.

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-800-941-4647 TTY 711.

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡- 1-800-941-4647 መስማት ለተሳናቸው/TTY 711።

ተተላላዙ ዘሎ ሓበሬታ ብቋንቋዎ ተዘይኮይኑ፤ ብክብረትኩም በዚ ዝስዕብ ቁጥር ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-800-941-4647 ምስማዕ ንተጻግሙ/TTY 711።

Si la información adjunta no está en su lengua materna, llame a Unitedhealthcare Community Plan al 1-800-941-4647, TTY 711.

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ບໍ່ແມ່ນພາສາສາຕິ້ນຕໍ່ຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-800-941-4647 TTY 711.

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chánh của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-800-941-4647, TTY 711.

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-800-941-4647 聽障專線 TTY 711。

ប្រើសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសាដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-800-941-4647, សម្រាប់អ្នកផ្ទះ TTY 711 ។

Kung ang nakalaking impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-800-941-4647 (TTY: 711).

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد . لطفا با United Healthcare Community Plan با شماره 1-800-941-4647 تماس حاصل نمایید . وسیله ارطبا تی برای نا شنوایان- TTY 711.



Preferred drug list

Introduction

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (PDL) to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this PDL are intended to provide sufficient options to treat patients who require treatment with a drug from that pharmacologic or therapeutic class. The drugs listed in the UnitedHealthcare Community Plan PDL have been reviewed and approved by the Pharmacy and Therapeutics Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized there may be occasions where an unlisted drug is desired for proper medical management of a specific patient. In those infrequent instances, the unlisted medication may be requested through the prior authorization process.

The drugs represented have been reviewed by the Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The PDL is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the PDL since the last edition as well as numerous revisions to the prescribing information based on changes in pharmacotherapy. Comments and suggestions from practicing physicians have also been incorporated to ensure that the UnitedHealthcare Community Plan PDL is reflective of current medical practice.

Notice

The information contained in this PDL and its appendices is provided by UnitedHealthcare Community Plan, solely for the convenience of medical providers. UnitedHealthcare Community Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the Web sites listed in the Web site section or go to the National Guideline Clearinghouse site at guideline.gov.

Preface

The UnitedHealthcare Community Plan PDL is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state.

Products are listed by generic name. Brand names are included as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the PDL. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan PDL covers selected over-the-counter (OTC) products. You are encouraged to prescribe OTC medications when clinically appropriate.



Pharmacy and therapeutics (P&T) committee

The P&T Committee includes physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or its affiliates. They must adhere to the Ethics Policy standards of the P&T Committee. UnitedHealthcare Community Plan medical directors and pharmacists also participate in the P&T Committee. The P&T Committee meets quarterly to discuss a variety of issues. Those issues pertaining to pharmaceutical selection and pharmacy program management are communicated quarterly. This newsletter is distributed to all participating physicians who have received the PDL. PDL decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

Outpatient prescription drug benefit covered medications

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Some items are covered only with prior authorization. Eligibility for Outpatient Prescription Drug Benefits is based on the individual member's benefit plan.

Product selection criteria

The P&T Committee considers clinical information on new-to-market drugs that are typically included in an outpatient pharmacy benefit. The evaluation includes all or part of the following:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for PDL inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan PDL. This review process may result in deletion of drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

All the information in the PDL is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

PDL product descriptions

To assist in understanding which specific strengths and dosage forms are covered on the PDL, examples are noted below. The general principles shown in the examples can then usually be extended to other entries in the book. Any exceptions are noted in the drug list. There may also be a statement associated with a drug list that gives additional information about which specific products or dosage forms are covered.

Products covered include all strengths associated with the dosage form of the cited brand name product.

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

Extended-release and delayed-release products require their own entry.

diltiazem sustained release CARDIZEM SR

Dosage forms covered will be consistent with the category and use where listed.

Neomycin/polymyxin B/ Cortisporin

Hydrocortisone

As listed in the OTIC section, this is limited to the otic solution and suspension. From this entry the ophthalmic solution and ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPHTHALMIC and DERMATOLOGY sections of the PDL.

When a strength or dosage form is specified, only the specified strength and dosage form is on the PDL. Other strengths/dosage forms of the reference product are not

citalopram 40 mg tabs Celexa tabs

Drug tiers

The drugs listed in the PDL have different tiers. The tiers are listed in the grid below.

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

The UnitedHealthcare Community Plan PDL **requires** generic substitution on the majority of products when a generic equivalent is available.

Generic substitution is a pharmacy action whereby a generic equivalent is dispensed rather than the brand name product. The PDL indicates generic availability in the “Covered Drug” column.

If a brand name drug is medically necessary, please submit a prior authorization request.

The UnitedHealthcare Community Plan MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA’s review and approval process. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have

a showing of bioequivalence between the generic versions and the reference brand product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.
2. The FDA has given the generic an “A” rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care provider to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent generic drug product is substituted for the brand name product.

There are now many brand name products that are repackaged or distributed under a generic label. The generic label version should always be considered therapeutically equivalent and substitutable for the source branded product.

Drug efficacy study implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’s PDL does not cover DESI “less than fully effective” drug products.

Plan exclusions

The following drug categories are excluded from coverage under the outpatient pharmacy benefit and are not part of the UnitedHealthcare Community Plan PDL.

- DESI drugs
- Anti-obesity agents
- Experimental / research drugs
- Cosmetic drugs
- Nutritional / diet supplements
- Blood and blood plasma products
- Agents used to promote fertility
- Agents used for erectile dysfunction
- Agents used for cosmetic hair growth
- Drugs from manufacturers that do not participate in the FFS Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and DME except as listed: insulin syringes, insulin needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message.

Mandatory generic substitution

The UnitedHealthcare Community Plan PDL requires mandatory generic substitution on the vast majority of products when a generic equivalent is available; however, brand name drugs may be covered in certain situations by requesting a prior authorization. The UnitedHealthcare Community Plan PDL prior authorization (PA) list does not include branded items where a generic equivalent is covered.

Prior authorization of non-PDL medications

The drugs in the UnitedHealthcare Community Plan PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through UnitedHealthcare Community Plan. It is also recognized that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be either made in writing by the physician and faxed or called into:

UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 866-940-7328
Phone 800-310-6826

A prior authorization request form is available in the UnitedHealthcare Community Plan provider manual and should be used for all prior authorization requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization.

Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at 800-310-6826 with questions concerning the prior authorization process.



Non-PDL drugs 3-day temporary supply overrides

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 3-day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at 800-310-6826.

Quantity limitations (QL)

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Specialty pharmaceutical management program

UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.

The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider.

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP".

Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826.

Medications requiring diagnosis

UnitedHealthcare Community Plan requires that the diagnosis for prescriptions in certain classes match the FDA-approved use or a use supported by current published evidence. Drugs in scope will list "Diagnosis required" in the Requirements and Limits or with the drug class name on the PDL.

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 866-940-7328.

Step therapy (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization (PA).

STEP Drug	First-Line Agent(s)
Amerge	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroids
calcitriol 3mcg/gm	Trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
GLP-1 Agonists (Adlyxin, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14 day trial of ketotifen within previous 90 days required first.
Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
trosipium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8 week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

PDL suggestions

Providers who wish to propose PDL suggestions should forward the information to the UnitedHealthcare Community Plan Director of Pharmacy Services by either mail or fax.

Attn: Director of Pharmacy Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 800-310-6826
Email: pdl_management@uhc.com

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current PDL products. Suggestions received by UnitedHealthcare Community Plan will be reviewed by the Pharmacy and Therapeutics Committee at the subsequent P&T Committee meeting.

Editor

Your comments and suggestions regarding the UnitedHealthcare Community Plan PDL are encouraged. Your input is vital to this PDL's continued success. All responses will be reviewed and considered. Please send your comments to:

UnitedHealthcare Community Plan by UnitedHealthcare
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 800-310-6826

Legend

#	Only the dosage forms/strengths of the brand name products noted are on the PDL
OTC	over-the-counter
delayed-rel	delayed-release (also known as enteric coated)
EC	enteric-coated
ext-rel	extended-release (also known as sustained-release)
PA	Prior Authorization required
QL	Quantity Limits apply
ST	Step Therapy, see pages V-VI for details
SP	Specialty Pharmaceuticals, see pages IV-V for details

Notice

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved. The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

If viewing this PDL via the Internet, please be advised that the PDL is updated periodically and changes may appear prior to their effective date to allow for notification.

UnitedHealthcare Community Plan of New Jersey

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Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
 ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL
 ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
 all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 all day relief (generic for MEDIPROXEN) - Tier 1; QL
 celecoxib oral (generic for CELEBREX) - Tier 1; QL
 diclofenac potassium oral tablet 50 mg - Tier 1; QL
 diclofenac sodium er - Tier 1; QL
 diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
 diclofenac sodium external solution 1.5 % - Tier 1; PA; QL
 diclofenac sodium oral - Tier 1; QL
 ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL
 etodolac (generic for LODINE) - Tier 1; QL
 FLANAX (brand for all day pain relief) - Tier 2; QL
 ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
 ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ft ibuprofen oral tablet (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ft pain relief oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
 ibuprofen (generic for IBU) - Tier 1; QL
 ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL
 FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
 LICART - Tier 2; PA; QL
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA
 NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL
 NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL
 NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL
ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL
ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral capsule - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
<p>MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL</p> <p>nabumetone oral - Tier 1; QL</p> <p>naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL</p> <p>naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL</p> <p>naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL</p> <p>naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL</p> <p>oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL</p> <p>piroxicam oral - Tier 1; QL</p> <p>sulindac oral - Tier 1; QL</p>	
Opioid Analgesics, Long-acting	
<p>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</p> <p>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</p> <p>methadone hcl oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</p> <p>methadose oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</p> <p>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</p> <p>oxymorphone hcl er - Tier 1; PA; QL</p>	<p>BELBUCA - Tier 2; PA; QL</p> <p>BUTRANS (brand for buprenorphine) - Tier 2; PA; QL</p> <p>HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL</p> <p>morphine sulfate er beads - Tier 1; PA; QL</p> <p>NUCYNTA ER - Tier 2; PA; QL</p> <p>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</p> <p>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL</p> <p>XTAMPZA ER - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL
 ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
 bac (generic for BAC) - Tier 1; QL
 butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
 butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL
 butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL
 butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL
 butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
 butalbital-aspirin-caffeine - Tier 1; QL
 butorphanol tartrate nasal - Tier 1; QL
 codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL
 endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL
 hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL
 hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL
 hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL
 hydromorphone hcl rectal - Tier 1; QL
 morphine sulfate (concentrate) - Tier 1; QL
 morphine sulfate oral - Tier 1; QL
 morphine sulfate rectal - Tier 1; QL
 oxycodone hcl oral concentrate - Tier 1; QL
 oxycodone hcl oral solution - Tier 1; QL

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL
 NUCYNTA - Tier 2; PA; QL
 SEGLENTIS - Tier 2; PA; QL
 TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i> <i>pentazocine-naloxone hcl - Tier 1; QL</i> <i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i> <i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; QL</i></p>	
<p>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</p>	
<p>Analgesics - Miscellaneous Analgesics</p>	
<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i> <i>acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL

acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL

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Preferred Agents

apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL
arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL
betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
childrens acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL
childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL
CURANOL - Tier 2; QL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
headache formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

mapap oral capsule - Tier 1; QL

MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL

MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL

migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL

m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL

non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL

non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL

pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL

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Preferred Agents

pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

pain & fever infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

pain and fever relief kids (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL

pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain relief extra strength oral capsule 500 mg - Tier 1; QL

pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL

pain relief regular strength (generic for PHARBETOL) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain reliever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL

PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL

PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL

PHARBETOL (brand for acetaminophen) - Tier 2; QL

PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL

sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p><i>sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>salsalate oral - Tier 1; QL</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL</i></p> <p><i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>PROXIVOL (brand for burn gel) - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> <i>naltrexone hcl oral - Tier 1</i> <i>VIVITROL - Tier 2; QL</i></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i></p>	<p><i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i> <i>ZUBSOLV - Tier 2; PA; ^; QL</i></p>

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Preferred Agents

Non-Preferred Agents

Opioid Reversal Agents

naloxone hcl injection solution - Tier 1; QL
naloxone hcl injection solution cartridge - Tier 1; QL
naloxone hcl injection solution prefilled syringe - Tier 1; ^; QL
naloxone hcl nasal (generic for NARCAN) - Tier 1; QL
NARCAN (brand for naloxone hcl) - Tier 2; QL
REXTOVY - Tier 2; QL

KLOXXADO - Tier 2; PA; ^; QL
 ZIMHI - Tier 2; PA; ^; QL

Smoking Cessation Agents

bupropion hcl er (smoking det) - Tier 1
habitrol (generic for HABITROL) - Tier 1; QL
NICODERM CQ (brand for cvs nicotine) - Tier 2; QL
nicotine step 1 (generic for HABITROL) - Tier 1; QL
nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL
nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL
nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL
nicotine transdermal system (generic for HABITROL) - Tier 1; QL
 NICOTROL - Tier 2; QL
 NICOTROL NS - Tier 2; QL
varenicline tartrate (generic for CHANTIX) - Tier 1; QL
varenicline tartrate (starter) - Tier 1; QL
varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
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Smoking Cessation Agents - Deterrents	
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ft nicotine (generic for KLS QUIT2) - Tier 1; QL
ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL
mini nicotine (generic for KLS QUIT2) - Tier 1; QL
NICORETTE (brand for cvs nicotine) - Tier 2; QL
NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL
NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL
nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine mini (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL
nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL
nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL
nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL
quit2 (generic for KLS QUIT2) - Tier 1; QL
quit4 (generic for KLS QUIT4) - Tier 1; QL
THRIVE (brand for cvs nicotine) - Tier 2; QL

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Antiandrogens - Hormone Suppressants	
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Antineoplastics - Drugs to Treat Cancer	
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ORGOVYX - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>tinidazole oral tablet 250 mg - Tier 1</i> <i>tinidazole oral tablet 500 mg - Tier 1; QL</i> <i>trimethoprim oral - Tier 1; QL</i> <i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i>	<i>CLINDESSE - Tier 2; PA; QL</i> <i>METROGEL (brand for metronidazole) - Tier 2; PA; QL</i> <i>NORITATE - Tier 2; PA</i> <i>NUVESSA - Tier 2; PA; QL</i> <i>SOLOSEC - Tier 2; PA; QL</i> <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL</i> <i>XACIATO - Tier 2; PA; QL</i> <i>XIFAXAN - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Beta-lactam, Cephalosporins	
<i>cefaclor oral capsule - Tier 1; QL</i> <i>cefadroxil - Tier 1; QL</i> <i>cefdinir - Tier 1; QL</i> <i>cefixime oral capsule - Tier 1; QL</i> <i>cefepodoxime proxetil oral tablet - Tier 1; QL</i> <i>cefprozil - Tier 1; QL</i> <i>cefuroxime axetil - Tier 1; QL</i> <i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i> <i>cephalexin oral suspension reconstituted - Tier 1; QL</i>	
Beta-lactam, Penicillins	
<i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i>	
Macrolides	
<i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i> <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> <i>DIFICID - Tier 2; PA; QL</i> <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i> <i>ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Quinolones

CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL
ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL
levofloxacin oral tablet - Tier 1; QL
moxifloxacin hcl oral - Tier 1; QL
ofloxacin oral - Tier 1; QL

Sulfonamides

sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL
sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL

Tetracyclines

doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL
doxycycline monohydrate oral capsule 50 mg - Tier 1; QL
minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL
mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL
 NUZYRA ORAL - Tier 2; PA; QL

ORACEA (brand for doxycycline) - Tier 2; PA
 SOLODYN (brand for minocycline hcl er) - Tier 2; PA

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Preferred Agents

Non-Preferred Agents

Antibacterials - Drugs to Treat Bacterial Infections

Antibacterials, Other - Antibiotics

antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
antiseptic (generic for BETADINE) - Tier 1
BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2
first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1
ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL
povidone iodine (generic for BETADINE) - Tier 1
povidone-iodine external solution (generic for BETADINE) - Tier 1
SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL

SUTAB - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
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Anticonvulsants

Anticonvulsants, Other

felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL; AL
felbamate oral tablet (generic for FELBATOL) - Tier 1; QL
lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL
lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL
*lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL*
*lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL*
*lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL*
levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL
levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL
roweepra (generic for ROWEEPRA) - Tier 1; QL
subvenite (generic for SUBVENITE) - Tier 1; QL
*subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; *, QL*
*subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; *, QL*
*subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; *, QL*
topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL
topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL
valproic acid oral - Tier 1; QL

BRIVIACT ORAL - Tier 2; PA; QL
 EPIDIOLEX - Tier 2; PA; SP; QL
 FINTEPLA - Tier 2; PA; QL
 FYCOMPA - Tier 2; PA; QL
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL
 XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL
 XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA

Calcium Channel Modifying Agents

ethosuximide oral (generic for ZARONTIN) - Tier 1; QL
methsuximide (generic for CELONTIN) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

Gamma-aminobutyric Acid (GABA) Augmenting Agents

clobazam (generic for ONFI) - Tier 1; DX2RX; QL
diazepam rectal gel 10 mg, 20 mg - Tier 1
diazepam rectal gel 2.5 mg - Tier 1; QL
gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL
gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL
 NAYZILAM - Tier 2; PA; QL
phenobarbital oral - Tier 1; QL
primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL
tiagabine hcl - Tier 1; PA; QL; AL
vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL
vigpoder (generic for VIGADRONE) - Tier 1; PA; SP; QL

gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL
NEURONTIN (brand for gabapentin) - Tier 2; PA; QL
 SYMPAZAN - Tier 2; PA; QL
 VALTOCO 10 MG DOSE - Tier 2; PA; QL
 VALTOCO 15 MG DOSE - Tier 2; PA; QL
 VALTOCO 20 MG DOSE - Tier 2; PA; QL
 VALTOCO 5 MG DOSE - Tier 2; PA; QL

Sodium Channel Agents

carbamazepine er (generic for CARBATROL) - Tier 1; QL
carbamazepine oral (generic for EPITOL) - Tier 1; QL
 DILANTIN ORAL CAPSULE 30 MG - Tier 2
epitol (generic for EPITOL) - Tier 1; QL
lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL
oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL
oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL
phenytek (generic for PHENYTEK) - Tier 1; QL
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL
phenytoin oral (generic for DILANTIN) - Tier 1; QL
phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL
rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL
zonisamide oral (generic for ZONEGRAN) - Tier 1; QL

APTIOM - Tier 2; PA; QL
lacosamide oral solution 10 mg/ml (generic for VIMPAT) - Tier 1; PA; QL; AL
 OXTELLAR XR - Tier 2; PA; QL
VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL
ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
<i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL; AL</i> <i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i> <i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL</i> <i>rivastigmine tartrate - Tier 1; QL; AL</i>	<i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL</i>
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<i>memantine hcl oral solution - Tier 1; QL</i> <i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL</i>	

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Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
<i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; ^; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i> <i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1</i> <i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL</i> <i>ZULRESSO - Tier 2; ^</i>	<i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; ^; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i>
Monoamine Oxidase Inhibitors	
<i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i>	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
<i>citalopram hydrobromide oral solution - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i>	<i>FETZIMA - Tier 2; PA; ^; QL</i> <i>PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; ^; QL</i> <i>TRINTELLIX - Tier 2; PA; ^; QL</i> <i>VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; ^; QL</i>

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Preferred Agents

Non-Preferred Agents

Tricyclics

amitriptyline hcl oral - Tier 1; QL
 amoxapine - Tier 1; QL
 clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL
 desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL
 doxepin hcl oral capsule - Tier 1; QL
 doxepin hcl oral concentrate - Tier 1; QL
 imipramine hcl oral - Tier 1; QL
 nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL

Antiemetics

Antiemetics, Other

ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2
 BONINE (brand for cvs motion sickness relief) - Tier 2
 compro (generic for COMPRO) - Tier 1; QL
 driminate (generic for DRIMINATE) - Tier 1
 ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
 meclizine hcl oral tablet 12.5 mg - Tier 1; QL
 meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL
 meclizine hcl oral tablet chewable (generic for ANTIVERT) - Tier 1
 metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL
 metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
 motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
 motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1

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Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for ANTIVERT) - Tier 1</i></p> <p><i>motion-time (generic for ANTIVERT) - Tier 1</i></p> <p><i>perphenazine oral - Tier 1; QL</i></p> <p><i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i></p> <p><i>prochlorperazine maleate oral - Tier 1; QL</i></p> <p><i>promethazine hcl oral - Tier 1; QL</i></p> <p><i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p><i>promethegan (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p><i>travel ease (generic for ANTIVERT) - Tier 1</i></p> <p><i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
Emetogenic Therapy Adjuncts	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i></p> <p><i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i></p> <p><i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i></p> <p><i>ondansetron odt - Tier 1; QL</i></p>	<p><i>AKYNZEO ORAL - Tier 2; PA; QL</i></p> <p><i>EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL</i></p> <p><i>SANCUSO - Tier 2; PA; QL</i></p>
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i></p>	

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Preferred Agents	Non-Preferred Agents
Antifungals	
<p>3 day (generic for MONISTAT 3) - Tier 1 clotrimazole mouth/throat troche 10 mg - Tier 1; QL fluconazole oral (generic for DIFLUCAN) - Tier 1; QL ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL griseofulvin microsize oral - Tier 1; QL griseofulvin ultramicrosize - Tier 1; QL itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL ketoconazole oral - Tier 1; QL miconazole 3 - Tier 1; QL miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL miconazole 7 vaginal suppository 100 mg - Tier 1 miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL nystatin mouth/throat - Tier 1; QL nystatin oral - Tier 1; QL terbinafine hcl oral - Tier 1; QL terconazole vaginal cream - Tier 1; QL voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</p>	<p>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL VFEND (brand for voriconazole) - Tier 2; PA; QL</p>

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Preferred Agents

Non-Preferred Agents

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

3 day vaginal - Tier 1
 3-day vaginal vaginal cream 2 % - Tier 1
 antifungal external cream (generic for MICATIN) - Tier 1
 antifungal external powder (generic for DESENEX) - Tier 1; QL
 antifungal foot care (generic for LAMISIL AT) - Tier 1; QL
 antifungal miconazole (generic for MICATIN) - Tier 1
 athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
 athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL
 athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
 athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL
 athlete's foot external powder 2 % (generic for DESENEX) - Tier 1; QL
 athlete's foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
 athlete's foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
 bazaar antifungal (generic for MICATIN) - Tier 1
 clotrimazole 3 - Tier 1
 clotrimazole 7 - Tier 1; QL
 clotrimazole vaginal - Tier 1; QL
 clotrimazole vaginal cream 1 % - Tier 1; QL
 CRITIC-AID CLEAR AF - Tier 2
 CRUEX PRESCRIPTION STRENGTH (brand for athlete's foot powder spray) - Tier 2
 DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL
 DESENEX JOCK ITCH (brand for athlete's foot powder spray) - Tier 2

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Preferred Agents	Non-Preferred Agents
<p>foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL ft antifungal external cream 2 % (generic for MICATIN) - Tier 1 ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL micaderm (generic for MICATIN) - Tier 1 MICATIN (brand for antifungal) - Tier 2 miconazole antifungal (generic for MICATIN) - Tier 1 miconazole nitrate external cream (generic for MICATIN) - Tier 1 miconazorb af (generic for DESENEX) - Tier 1; QL MICRO GUARD (brand for antifungal) - Tier 2; QL terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL ZEASORB-AF (brand for antifungal) - Tier 2; QL</p>	
Antigout Agents	
<p>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL colchicine oral tablet - Tier 1; QL febuxostat (generic for ULORIC) - Tier 1; ST; QL probenecid - Tier 1; QL</p>	<p>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL MITIGARE (brand for colchicine) - Tier 2; PA; QL</p>
Antimigraine Agents	
Ergot Alkaloids	
<p>dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL</p>	<p>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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Prophylactic

AIMOVIG - Tier 2; PA; QL
 AJOVY - Tier 2; PA; QL
 EMGALITY - Tier 2; PA; QL
 EMGALITY (300 MG DOSE) - Tier 2; PA; QL

Antimigraine Agents - Drugs to Treat Migraines

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs

NURTEC - Tier 2; PA; QL
 UBRELVY - Tier 2; PA; QL

Serotonin (5-HT) Receptor Agonists - Migraine Drugs

naratriptan hcl - Tier 1; ST; QL
rizatriptan benzoate (generic for MAXALT) - Tier 1; QL
sumatriptan nasal - Tier 1; QL
sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL
sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL
sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL

FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL
IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL
MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL
RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL
 REYVOW - Tier 2; PA; QL
TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL
ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL

Antimyasthenic Agents

Parasympathomimetics

pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL
pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL
pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i>	
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP; QL MYLERAN - Tier 2 <i>temozolomide - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i> TABLOID - Tier 2; SP	
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	

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Preferred Agents

Non-Preferred Agents

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
 IBRANCE ORAL CAPSULE - Tier 2; PA; SP; QL
 IBRANCE ORAL TABLET - Tier 2; PA; QL
 JAKAFI - Tier 2; PA; SP; QL
 LYNPARZA - Tier 2; PA; SP; QL
 MEKINIST - Tier 2; PA; SP; QL
 ODOMZO - Tier 2; PA; SP; QL

 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL
 ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL
 RUBRACA - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL
 TAFINLAR - Tier 2; PA; SP; QL
 TIBSOVO - Tier 2; PA; SP; QL
 VENCLEXTA - Tier 2; PA; SP; QL
 VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL

AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL
 BRAFTOVI - Tier 2; PA; SP; QL
 COPIKTRA - Tier 2; PA; SP; QL
 EXKIVITY - Tier 2; PA; SP; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL
 KOSELUGO - Tier 2; PA; SP; QL
 MEKTOVI - Tier 2; PA; SP; QL
NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL
SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL
 TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL
 TEPMETKO - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	
Retinoids	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL</i> <i>tretinoin oral - Tier 1; SP; QL</i>	
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP; QL	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; SP; QL</i>	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMEKTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
Antiprotozoals	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; QL <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; DX2RX; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; DX2RX; QL</i>	

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Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl oral tablet - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL NOURIANZ - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL OSMOLEX ER - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Dopamine Agonists	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	<i>DUOPA - Tier 2; PA</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
Monoamine Oxidase B (MAO-B) Inhibitors	
<i>selegiline hcl oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
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Antipsychotics

1st Generation/Typical

chlorpromazine hcl oral tablet - Tier 1; QL
fluphenazine decanoate injection - Tier 1; QL
fluphenazine hcl injection - Tier 1
fluphenazine hcl oral concentrate - Tier 1
fluphenazine hcl oral elixir - Tier 1
fluphenazine hcl oral tablet - Tier 1; QL
haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL
haloperidol oral - Tier 1; QL
loxapine succinate - Tier 1; QL
pimozide - Tier 1; QL; AL
thioridazine hcl oral - Tier 1; QL
thiothixene - Tier 1; QL
trifluoperazine hcl - Tier 1; QL

2nd Generation/Atypical

ABILIFY ASIMTUFII - Tier 2; PA; ^; QL; AL
ABILIFY MAINTENA - Tier 2; DX2RX; ST; ^; QL; AL
aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL
ARISTADA - Tier 2; DX2RX; ST; ^; QL; AL
INVEGA HAFYERA - Tier 2; PA; ^; QL; AL
INVEGA SUSTENNA - Tier 2; DX2RX; ST; ^; QL; AL
INVEGA TRINZA - Tier 2; DX2RX; ST; ^; QL; AL
lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL
olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL
PERSERIS - Tier 2; DX2RX; ST; ^; QL; AL
quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL
quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL
risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; ^; QL; AL

ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL
aripiprazole oral solution - Tier 1; PA; ^; QL; AL
aripiprazole oral tablet dispersible - Tier 1; PA; ^; QL; AL
ARISTADA INITIO - Tier 2; DX2RX; ^; QL; AL
CAPLYTA - Tier 2; PA; ^; QL; AL
FANAPT - Tier 2; PA; ^; QL; AL
FANAPT TITRATION PACK - Tier 2; PA; ^; QL; AL
GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL
INVEGA (brand for paliperidone er) - Tier 2; PA; ^; QL; AL
LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL
LYBALVI - Tier 2; PA; ^; QL; AL
olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; PA; ^; QL; AL
paliperidone er (generic for INVEGA) - Tier 1; PA; ^; QL; AL

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Preferred Agents	Non-Preferred Agents
<p><i>risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i></p> <p><i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i></p> <p><i>RYKINDO - Tier 2; PA; ^; QL</i></p> <p><i>UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; ^; QL; AL</i></p> <p><i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i></p>	<p><i>REXULTI - Tier 2; PA; ^; QL; AL</i></p> <p><i>RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; ^; QL; AL</i></p> <p><i>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL</i></p> <p><i>RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL</i></p> <p><i>risperidone oral tablet dispersible - Tier 1; PA; ^; QL; AL</i></p> <p><i>SAPHRIS (brand for asenapine maleate) - Tier 2; PA; ^; QL; AL</i></p> <p><i>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL</i></p> <p><i>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</i></p> <p><i>VRAYLAR - Tier 2; PA; ^; QL; AL</i></p> <p><i>ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL</i></p> <p><i>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; ^; QL; AL</i></p>
Treatment-Resistant	
<p><i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i></p>	<p><i>CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL</i></p> <p><i>VERSACLOZ - Tier 2; PA; ^; QL; AL</i></p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p><i>GEMTESA - Tier 2; PA; QL</i></p>
Antispasticity Agents	
<p><i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i></p> <p><i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i></p> <p><i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i></p>	<p><i>ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL</i></p> <p><i>ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA</i></p> <p><i>ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL</i></p>
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<p><i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; PA; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; QL <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL</i> ZEPATIER - Tier 2; PA; QL	<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL</i> SOVALDI - Tier 2; PA; QL VOSEVI - Tier 2; PA; QL
Antiherpetic Agents	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	

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Preferred Agents	Non-Preferred Agents
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Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA - Tier 2; QL
 DELSTRIGO - Tier 2; QL
 EDURANT - Tier 2; QL
efavirenz (generic for SUSTIVA) - Tier 1; QL
efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL
efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL
etravirine (generic for INTELENCE) - Tier 1; QL
 INTELENCE ORAL TABLET 25 MG - Tier 2; QL
nevirapine - Tier 1; QL
nevirapine er - Tier 1; QL
 PIFELTRO - Tier 2; QL

SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL
SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

abacavir sulfate (generic for ZIAGEN) - Tier 1; QL
abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL
 CIMDUO - Tier 2; QL
 DESCOVY - Tier 2; QL
emtricitabine (generic for EMTRIVA) - Tier 1; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL
 EMTRIVA ORAL SOLUTION - Tier 2; QL
lamivudine oral solution (generic for EPIVIR) - Tier 1; QL
lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL
lamivudine-zidovudine - Tier 1; QL
 ODEFSEY - Tier 2; QL
tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL
 TRIUMEQ - Tier 2; QL
 TRIUMEQ PD - Tier 2; QL
 VIREAD ORAL POWDER - Tier 2; QL
 VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL
zidovudine (generic for RETROVIR) - Tier 1; QL

TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i> RUKOBIA - Tier 2; QL SELZENTRY ORAL SOLUTION - Tier 2; QL TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; QL <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i> EVOTAZ - Tier 2; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i> NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL VIRACEPT - Tier 2; QL	KALETRA (<i>brand for lopinavir-ritonavir</i>) - Tier 2; PA; QL REYATAZ ORAL CAPSULE (<i>brand for atazanavir sulfate</i>) - Tier 2; PA; QL
Anti-influenza Agents	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i> <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	TAMIFLU ORAL CAPSULE (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA; QL; AL XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
<i>bupirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam injection (generic for ATIVAN) - Tier 1; ^</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	LOREEV XR - Tier 2; PA; ^; QL
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; ^; QL; AL
Bipolar Agents	
Mood Stabilizers	
<div data-bbox="86 495 1024 821" data-label="Text"> <p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; *; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i></p> </div>	

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Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i></p> <p>ALOGLIPTIN BENZOATE - Tier 2; ST; QL</p> <p>ALOGLIPTIN-METFORMIN HCL - Tier 2; ST; QL</p> <p>ALOGLIPTIN-PIOGLITAZONE - Tier 2; ST; QL</p> <p><i>DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; PA; QL</i></p> <p><i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL</i></p> <p><i>glimepiride - Tier 1; QL</i></p> <p><i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glyburide micronized - Tier 1; QL</i></p> <p><i>glyburide oral - Tier 1; QL</i></p> <p><i>glyburide-metformin - Tier 1; QL</i></p> <p><i>metformin hcl er (osm) - Tier 1; PA; QL</i></p> <p><i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i></p> <p><i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</i></p> <p><i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i></p> <p><i>nateglinide - Tier 1; QL</i></p> <p>OZEMPIC - Tier 2; PA; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p><i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i></p> <p><i>repaglinide - Tier 1; QL</i></p> <p>RYBELSUS - Tier 2; PA; QL</p> <p><i>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL</i></p> <p>SEGLUROMET - Tier 2; ST; QL</p> <p>SOLIQUA - Tier 2; ST; QL</p>	<p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL</p> <p>BYETTA 10 MCG PEN - Tier 2; PA; QL</p> <p>BYETTA 5 MCG PEN - Tier 2; PA; QL</p> <p>GLYXAMBI - Tier 2; PA</p> <p>INVOKAMET - Tier 2; PA; QL</p> <p>INVOKAMET XR - Tier 2; PA; QL</p> <p>INVOKANA - Tier 2; PA; QL</p> <p>JANUMET - Tier 2; PA; QL</p> <p>JANUMET XR - Tier 2; PA; QL</p> <p>JANUVIA - Tier 2; PA; QL</p> <p>JARDIANCE - Tier 2; PA; QL</p> <p>JENTADUETO - Tier 2; PA; QL</p> <p>JENTADUETO XR - Tier 2; PA; QL</p> <p><i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL</i></p> <p>QTERN - Tier 2; PA; QL</p> <p>STEGLUJAN - Tier 2; PA; QL</p> <p>SYMLINPEN 120 - Tier 2; PA; QL</p> <p>SYMLINPEN 60 - Tier 2; PA; QL</p> <p>SYNJARDY - Tier 2; PA; QL</p> <p>SYNJARDY XR - Tier 2; PA; QL</p> <p>TRADJENTA - Tier 2; PA; QL</p> <p>TRIJARDY XR - Tier 2; PA; QL</p> <p>TRULICITY - Tier 2; PA; QL</p> <p><i>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA</i></p> <p>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
STEGLATRO - Tier 2; ST; QL VICTOZA - Tier 2; PA; ST; QL	XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL glucagon emergency injection kit - Tier 1; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	
Insulins	
HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL	ADMELOG (brand for insulin lispro) - Tier 2; PA; QL ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL BASAGLAR TEMPO PEN - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL HUMALOG (brand for insulin lispro) - Tier 2; PA; QL

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Preferred Agents

NOVOLIN 70/30 RELION - Tier 2; QL
 NOVOLIN 70/30 VIAL - Tier 2; QL
 NOVOLIN N RELION - Tier 2; QL
 NOVOLIN N VIAL - Tier 2; QL
 NOVOLIN R RELION - Tier 2; QL
 NOVOLIN R VIAL - Tier 2; QL
 NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL
 NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL

Non-Preferred Agents

HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL
 HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL
 HUMALOG MIX 75/25 - Tier 2; PA; QL
 HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL
 HUMALOG TEMPO PEN - Tier 2; PA; QL
 HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL
 HUMULIN N KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL
 HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL
 INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL
 INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA; QL
 INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL
 INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL
 LEVEMIR FLEXPEN - Tier 2; PA; QL
 LEVEMIR U-100 VIAL - Tier 2; PA; QL
 LYUMJEV - Tier 2; PA; QL
 LYUMJEV KWIKPEN - Tier 2; PA; QL
 LYUMJEV TEMPO PEN - Tier 2; PA; QL
 NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL
 NOVOLIN N FLEXPEN - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
	<p>NOVOLIN R FLEXPEN - Tier 2; PA; QL NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL TRESIBA (brand for insulin degludec) - Tier 2; PA; QL TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</p>

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Glycemic Agents - Diabetic Drugs

<p>GLUCO TO GO (brand for cvs glucose) - Tier 2; QL glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL soft glucose (generic for GLUCO TO GO) - Tier 1; QL TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</p>	
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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Insulins - Diabetic Drugs

CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
 MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
 NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL
 REZVOGLAR KWIKPEN - Tier 2; QL

Blood Products and Modifiers

Anticoagulants

ELIQUIS - Tier 2; QL
 ELIQUIS DVT/PE STARTER PACK - Tier 2; QL
 enoxaparin sodium (generic for LOVENOX) - Tier 1; QL
 heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL
 heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1
 heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL
 heparin sodium (porcine) pf injection solution 1000 unit/ml - Tier 1; QL
 heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml - Tier 1
 jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
 jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1
 SAVAYSA - Tier 2; QL
 warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL
 warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1

PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL
 PRADAXA ORAL PACKET - Tier 2; PA; QL; AL
 XARELTO - Tier 2; PA; QL
 XARELTO STARTER PACK - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Blood Products and Modifiers, Other

anagrelide hcl (generic for AGRYLIN) - Tier 1
 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL
 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2
 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL
 EPOGEN - Tier 2; PA; SP; QL
 LEUKINE - Tier 2; PA; SP; QL
 MULPLETA - Tier 2; PA; SP; QL
 NEULASTA - Tier 2; PA; SP; QL
 NEULASTA ONPRO - Tier 2; PA; SP; QL
plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL
 PROCRT - Tier 2; PA; SP; QL
 PROMACTA ORAL TABLET - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML,
 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL
 RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA; SP
 UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE -
 Tier 2; PA; SP; QL
 ZARXIO - Tier 2; PA; SP; QL

FULPHILA - Tier 2; PA; SP; QL
 GRANIX - Tier 2; PA; SP; QL
 NEUPOGEN - Tier 2; PA; SP; QL
 NIVESTYM - Tier 2; PA; SP; QL
 NYVEPRIA - Tier 2; PA; SP
 OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL
 OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; QL
 OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL
 PROMACTA ORAL PACKET 12.5 MG - Tier 2; PA; SP; QL
 RELEUKO - Tier 2; PA; SP
 SIKLOS - Tier 2; PA; QL
 ZIEXTENZO - Tier 2; PA; SP

Hemostasis Agents

aminocaproic acid oral - Tier 1; QL
tranexamic acid oral - Tier 1; DX2RX; QL

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Preferred Agents	Non-Preferred Agents
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol</i> - Tier 1; QL <i>clopidogrel bisulfate oral (generic for PLAVIX)</i> - Tier 1; QL <i>dipyridamole oral</i> - Tier 1; QL <i>prasugrel hcl (generic for EFFIENT)</i> - Tier 1; DX2RX; QL	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl)</i> - Tier 2; DX2RX; QL TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML - Tier 2; PA; SP; QL HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML - Tier 2; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine hcl oral</i> - Tier 1; QL <i>guanfacine hcl</i> - Tier 1; QL METHYLDOPA - Tier 2; QL <i>midodrine hcl</i> - Tier 1; QL	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA)</i> - Tier 1; QL <i>prazosin hcl oral</i> - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
Angiotensin-converting Enzyme (ACE) Inhibitors	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1;</i> <i>Members >= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	
Antiarrhythmics	
<i>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL</i> <i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i> <i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i> <i>flecainide acetate - Tier 1; QL</i> <i>mexiletine hcl oral - Tier 1; QL</i> NORPACE CR - Tier 2 <i>propafenone hcl - Tier 1; QL</i> <i>quinidine gluconate er - Tier 1; QL</i> <i>quinidine sulfate - Tier 1; QL</i> <i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL</i> <i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i>	<i>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL</i> <i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL</i> MULTAQ - Tier 2; PA; QL <i>PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL</i> <i>TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</i>

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Preferred Agents

Non-Preferred Agents

Beta-adrenergic Blocking Agents

acebutolol hcl oral - Tier 1; QL
atenolol oral (generic for TENORMIN) - Tier 1; QL
betaxolol hcl oral - Tier 1; QL
bisoprolol fumarate oral - Tier 1; QL
carvedilol (generic for COREG) - Tier 1; QL
labetalol hcl oral - Tier 1; QL
metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL
metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL
metoprolol tartrate oral tablet 25 mg - Tier 1; QL
metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1
nadolol oral (generic for CORGARD) - Tier 1; QL
propranolol hcl er (generic for INDERAL LA) - Tier 1; QL
propranolol hcl oral solution 20 mg/5ml - Tier 1; QL
propranolol hcl oral solution 40 mg/5ml - Tier 1
propranolol hcl oral tablet - Tier 1; QL

HEMANGEOL - Tier 2; PA; QL

Calcium Channel Blocking Agents, Dihydropyridines

amlodipine besylate oral (generic for NORVASC) - Tier 1; QL
felodipine er - Tier 1; QL
nifedipine er - Tier 1; QL
nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL
nifedipine oral - Tier 1; QL
nimodipine oral - Tier 1; QL
 NYMALIZE - Tier 2; QL

KATERZIA - Tier 2; PA; QL
 NORLIQVA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Calcium Channel Blocking Agents, Nondihydropyridines

cartia xt (generic for CARTIA XT) - Tier 1; QL
diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL
diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL
diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL
diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL
diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL
dilt-xr - Tier 1; QL
tiadytl er (generic for TIADYLT ER) - Tier 1; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL
verapamil hcl er oral tablet extended release - Tier 1; QL
verapamil hcl oral - Tier 1; QL

Cardiovascular Agents, Other

acetazolamide er - Tier 1; QL
acetazolamide oral - Tier 1; QL
amiloride-hydrochlorothiazide - Tier 1; QL
amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL
amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1
amlodipine-olmesartan (generic for AZOR) - Tier 1
atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL
benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL
bisoprolol-hydrochlorothiazide - Tier 1; QL
captopril-hydrochlorothiazide - Tier 1; QL
digoxin oral solution - Tier 1
digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL
enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL

CORLANOR - Tier 2; PA; QL
 EDARBYCLOR - Tier 2; PA; QL
 KERENDIA - Tier 2; PA; QL
 TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>ENTRESTO - Tier 2; PA; QL fosinopril sodium-hctz - Tier 1; QL irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL pentoxifylline er - Tier 1; QL quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL ranolazine er (generic for RANEXA) - Tier 1; QL spironolactone-hctz - Tier 1; QL triamterene-hctz - Tier 1; QL valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL</p>	
Diuretics, Loop	
<p>bumetanide oral (generic for BUMEX) - Tier 1; QL furosemide oral solution 10 mg/ml - Tier 1; QL furosemide oral tablet (generic for LASIX) - Tier 1; QL SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL torsemide (generic for SOAANZ) - Tier 1; QL</p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p>amiloride hcl oral - Tier 1; QL spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</p>	
Diuretics, Thiazide	
<p>chlorthalidone - Tier 1; QL DIURIL - Tier 2; QL hydrochlorothiazide oral capsule - Tier 1; QL hydrochlorothiazide oral tablet 12.5 mg - Tier 1 hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL indapamide - Tier 1; QL metolazone - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i> <i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i>
Dyslipidemics, HMG CoA Reductase Inhibitors	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	<i>ALTOPREV - Tier 2; PA; QL</i> <i>ATORVALIQ - Tier 2; PA; QL</i> <i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i> <i>LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA</i> <i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> <i>ZYPITAMAG - Tier 2; PA; QL</i>
Dyslipidemics, Other	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i>	<i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i>
Vasodilators, Direct-acting Arterial	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial/Venous	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider Diagnosis required for 18 years of age and older; ^; QL; AL</i> <i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL</i> <i>dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider Diagnosis required for 18 years of age and older; ^; QL; AL</i>	JORNAY PM - Tier 2; PA; ^; QL; AL

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Preferred Agents

Non-Preferred Agents

guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

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Preferred Agents**Non-Preferred Agents****Attention Deficit Hyperactivity Disorder Agents, Amphetamines**

ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

ADDERALL XR (brand for amphetamine-dextroamphetamine er) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

AZSTARYS - Tier 2; PA; ^; QL; AL

VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; PA; ^; QL

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Preferred Agents	Non-Preferred Agents
<p><i>lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider</i> Diagnosis required for 18 years of age and older; ^; QL; AL</p> <p>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider Diagnosis required for 18 years of age and older; ^; QL; AL</p>	
Central Nervous System, Other	
<p>AUSTEDO - Tier 2; PA; SP; QL</p> <p><i>caffeine citrate oral - Tier 1; QL; AL</i></p> <p>INGREZZA - Tier 2; PA; SP; QL</p> <p>NUDEXTA - Tier 2; DX2RX; QL</p> <p><i>riluzole - Tier 1; QL</i></p> <p><i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</i></p>	<p>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG - Tier 2; PA; SP; QL</p> <p>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</p> <p>HORIZANT - Tier 2; PA; QL</p> <p>RADICAVA ORS - Tier 2; PA; SP; QL</p> <p>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</p> <p>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</p>
Fibromyalgia Agents	
<p><i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i></p> <p><i>pregabalin oral (generic for LYRICA) - Tier 1; QL</i></p>	<p>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</p> <p>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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Multiple Sclerosis Agents

<p><i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i> <i> glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> <i> glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL</i> MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL</i> AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL <i>COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL</i> EXTAVIA - Tier 2; PA; SP; QL <i>GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL</i> KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL</i> VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>
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Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

	<p>BRONCHITOL - Tier 2; PA; QL</p>
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Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>oralone (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>periogard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>acitretin - Tier 1; PA; QL</i></p> <p><i>amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>claravis (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i></p> <p><i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL</i></p> <p><i>isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL</i></p> <p><i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i></p> <p><i>zenatane (generic for AMNESTEEM) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i></p> <p><i>ABSORICA LD - Tier 2; PA; QL</i></p> <p><i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>ALTRENO - Tier 2; PA; QL; AL</i></p> <p><i>ARAZLO - Tier 2; PA; QL</i></p> <p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i></p> <p><i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i></p> <p><i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i></p> <p><i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
	<p>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL</p> <p>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</p> <p>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</p> <p>RHOFADE - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</p> <p>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</p> <p>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</p>

Dermatitis and Pruitus Agents

<p>ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>alclometasone dipropionate external ointment - Tier 1; QL</p> <p>ammonium lactate external (generic for AL12) - Tier 1; QL</p> <p>anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</p> <p>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</p> <p>betamethasone dipropionate external lotion - Tier 1</p>	<p>BRYHALI - Tier 2; PA; QL</p> <p>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</p> <p>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</p>
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Preferred Agents

betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

ft itch relief/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL
hydrocortisone external ointment 0.5 % - Tier 1
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloë (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
hydrocortisone/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
instacort 5 - Tier 1; QL
LAC-HYDRIN FIVE - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
<p> <i>medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i> <i>mometasone furoate external - Tier 1; QL</i> <i>pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL</i> <i>selenium sulfide external lotion - Tier 1; QL</i> <i>tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL</i> <i>tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL</i> <i>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</i> <i>triamcinolone acetonide external lotion 0.025 % - Tier 1</i> <i>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</i> <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</i> <i>triderm (generic for TRIDERM) - Tier 1; QL</i> </p>	
Dermatological Agents, Other	
<p> <i>calcipotriene external cream - Tier 1; ST; QL</i> <i>calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL</i> <i>calcipotriene external solution - Tier 1; QL</i> <i>calcitriol external (generic for VECTICAL) - Tier 1; ST; QL</i> <i>clotrimazole-betamethasone - Tier 1; QL</i> <i>fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL</i> <i>fluorouracil external solution - Tier 1</i> <i>imiquimod external cream 5 % - Tier 1; QL</i> <i>methoxsalen rapid - Tier 1</i> <i>podofilox external solution - Tier 1; QL</i> <i>silver sulfadiazine external (generic for SSD) - Tier 1; QL</i> <i>ssd (generic for SSD) - Tier 1; QL</i> </p>	<p> <i>CARAC (brand for fluorouracil) - Tier 2; PA; QL</i> <i>DUOBRII - Tier 2; PA; QL</i> <i>EFUDEX (brand for fluorouracil) - Tier 2; PA; QL</i> <i>ENSTILAR - Tier 2; PA; QL</i> <i>PROCTOFOAM HC - Tier 2; PA</i> <i>QBREXZA - Tier 2; PA; QL</i> <i>SORILUX (brand for calcipotriene) - Tier 2; PA; QL</i> <i>TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL</i> <i>VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL</i> <i>ZYCLARA (brand for imiquimod) - Tier 2; PA; QL</i> </p>

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Preferred Agents	Non-Preferred Agents
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Pediculicides/Scabicides

CROTAN LOTION 10 % EXTERNAL - Tier 2; QL
 CROTAN LOTION 10 % EXTERNAL - Tier 2; PA; QL
lice killing (generic for NIX CREME RINSE) - Tier 1
lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1
malathion (generic for OVIDE) - Tier 1; QL
permethrin external - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; QL

SOOLANTRA (*brand for ivermectin*) - Tier 2; PA; QL

Topical Anti-infectives

ciclodan (generic for CICLODAN) - Tier 1; QL
ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL
clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL
clindamycin phosphate external solution - Tier 1; QL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL
clotrimazole external solution 1 % - Tier 1; QL
erythromycin external (generic for ERYGEL) - Tier 1; QL

AMZEEQ - Tier 2; PA
 JUBLIA - Tier 2; PA; QL
 XEPI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>gentamicin sulfate external - Tier 1; QL ketoconazole external cream - Tier 1; QL ketoconazole external shampoo - Tier 1; QL klayesta (generic for KLAYESTA) - Tier 1; QL mupirocin external - Tier 1; QL nyamyc (generic for KLAYESTA) - Tier 1; QL nystatin external (generic for KLAYESTA) - Tier 1; QL nystop (generic for KLAYESTA) - Tier 1; QL tgt clotrimazole external cream 1 % (generic for DESENEK) - Tier 1; QL</p>	

Dermatological Agents - Drugs to Treat Skin Conditions

<p>advanced healing external ointment (generic for HYDROLATUM) - Tier 1 astringent (generic for DOMEBORO) - Tier 1 astringent solution (generic for DOMEBORO) - Tier 1 AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2 AVAR-E GREEN (brand for sss 10-5) - Tier 2 baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL beauty 360 pure glycerin - Tier 1 beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1 boro-packs (generic for DOMEBORO) - Tier 1 boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</p>	
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Preferred Agents

BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL
bp 10-1 - Tier 1
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
DR SMITHS DIAPER - Tier 2; QL
glycerin external liquid , 99.5 % - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1
hydrophor (generic for HYDROLATUM) - Tier 1
ointment base (generic for HYDROLATUM) - Tier 1
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL
sulfamez wash - Tier 1
SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Dermatological Agents - Skin Agents

ABREVA (brand for docosanol) - Tier 2; QL
 calamine external lotion , 8-8 % - Tier 1
 calamine-zinc oxide external lotion - Tier 1
 docosanol external (generic for ABREVA) - Tier 1; QL
 ft docosanol (generic for ABREVA) - Tier 1; QL
 gormel - Tier 1; QL
 gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
 hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1
 NUTRAPLUS (brand for gormel 10) - Tier 2; QL
 urea 20 intensive hydrating - Tier 1; QL
 urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL
 urea external cream 20 % - Tier 1; QL
 urea external lotion (generic for NUTRAPLUS) - Tier 1; QL
 ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL
 ureacin-20 - Tier 1; QL
 XERAC AC - Tier 2

CIBINQO - Tier 2; PA; SP; QL
 OPZELURA - Tier 2; PA; SP; QL
 ZILXI - Tier 2; PA; QL

DEVICES

MEDICAL SUPPLIES

PEAK FLOW METER UNIVERSAL RANG (brand for peak flow meter universal rang) - Tier 2; QL
 PURE COMFORT FLOW METER ADULT (brand for peak flow meter universal rang) - Tier 2; QL
 PURE COMFORT FLOW METER CHILD (brand for peak flow meter universal rang) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</p> <p>CARESENS CONTROL SOLUTION A1B (brand for element compact control 2) - Tier 2; QL</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</p> <p>CHEMSTRIP 10 MD - Tier 2</p> <p>CHEMSTRIP 10/SG - Tier 2</p> <p>CHEMSTRIP 2 GP - Tier 2</p> <p>CHEMSTRIP 5 OB - Tier 2</p> <p>CHEMSTRIP 7 - Tier 2</p> <p>CHEMSTRIP 9 - Tier 2</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; QL</p> <p>CHEMSTRIP UGK - Tier 2; QL</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE READER - Tier 2; PA; QL</i></p> <p><i>KETO-DIASTIX - Tier 2; QL</i></p> <p><i>KETONE CARE - Tier 2; QL</i></p> <p><i>KETONE TEST (brand for ketone test) - Tier 2; QL</i></p> <p><i>KETOSTIX (brand for ketone test) - Tier 2; QL</i></p> <p><i>LANCETS (brand for cvs lancets original) - Tier 2; QL</i></p> <p><i>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</i></p> <p><i>ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL</i></p>	<p><i>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</p> <p>ONETOUCH ULTRA TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</p> <p>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL</p> <p>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</p> <p>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</p> <p>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</p> <p>QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; QL</p> <p>TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL</p> <p>TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL</p> <p>VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</p>	
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</p>	
	<p>ACCRUFER - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL</i> <i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>DENTAGEL (brand for sf) - Tier 2</i> <i>easygel - Tier 1</i> <i>fluoridex daily renewal - Tier 1</i> <i>klor-con (generic for KLOR-CON) - Tier 1; QL</i> <i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i> <i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i> <i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i> <i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i> <i>potassium chloride er oral capsule extended release 10 meq - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL</i> <i>potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL</i> <i>potassium chloride oral (generic for KLOR-CON) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL</i> <i>potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1</i>	ENDARI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1</p> <p>PREVIDENT (brand for sf) - Tier 2</p> <p>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</p> <p>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</p> <p>sf (generic for DENTAGEL) - Tier 1</p> <p>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</p> <p>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</p> <p>sodium fluoride oral solution - Tier 1; QL</p> <p>sodium fluoride oral tablet chewable - Tier 1; QL</p>	
<p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL</p> <p>cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL</p> <p>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL</p> <p>calcium 500/vitamin d3 - Tier 1</p> <p>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL</p> <p>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1</p> <p>calcium 600/vitamin d - Tier 1; QL</p> <p>calcium 600/vitamin d-3 - Tier 1; QL</p> <p>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL</p> <p>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL</p>	

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Preferred Agents

calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferocon (generic for TRICON) - Tier 1
ferosul (generic for FEROSUL) - Tier 1; QL
ferottrinsic (generic for TRICON) - Tier 1
ferretts - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1
ferrous gluconate - Tier 1
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL
ferrous sulfate (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
ferrous sulfate oral tablet delayed release - Tier 1; QL
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
foltrin (generic for TRICON) - Tier 1
ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1
hi cal (generic for OYSCO 500+D) - Tier 1; QL
iferex 150 (generic for FERREX 150) - Tier 1
iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1

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Preferred Agents

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1
oyster shell calcium + d3 - Tier 1
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 - Tier 1
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1
poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide iron forte (generic for IFEREX 150 FORTE) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
TRICON (brand for ferocon) - Tier 2
TRUE FERROUS SULFATE - Tier 2; QL
TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2
true magnesium oxide tablet 400 mg oral (generic for MAGNESIUM-OXIDE) - Tier 1
TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2
ultra calcium + vitamin d3 - Tier 1; QL
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
zinc gluconate - Tier 1; QL
zinc gluconate oral tablet 50 mg - Tier 1; QL
zinc oral tablet 50 mg - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
CHEMET - Tier 2; QL <i>deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL</i> <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL</i>	FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL
Phosphate Binders	
<i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL SPS - Tier 2; QL VELTASSA - Tier 2; PA; QL	

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Preferred Agents

Non-Preferred Agents

Vitamins

a-25 - Tier 1; QL
ALTRIXA (brand for daily multiple vitamins) - Tier 2
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
b complex vitamins - Tier 1; QL
b complex-b12 - Tier 1
b-complex oral tablet - Tier 1
b-complex with b-12 - Tier 1
b-complex/b-12 oral - Tier 1
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL
CENTRUM SPECIALIST PRENATAL - Tier 2
classic prenatal - Tier 1; QL
COMPLETE NATAL DHA - Tier 2; QL
CO-NATAL FA (brand for neonatal complete) - Tier 2; QL
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
d3 max st (generic for IS-D 10,000) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL

DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2

DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL

DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2

D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL

ENFAMIL EXPECTA - Tier 2; QL

essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

FOLCYTEINE (brand for daily multiple vitamins) - Tier 2

ft vitamin d3 oral tablet (generic for THERA-D 2000) - Tier 1; QL

full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL

healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

M-NATAL PLUS (brand for prenatal) - Tier 2; QL

multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

multivitamin w/fluoride (generic for MULTI-VIT-FLOR) - Tier 1; QL

multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL

multivitamin/fluoride oral tablet chewable (generic for MULTI-VIT-FLOR) - Tier 1; QL

multi-vitamin/fluorideliron - Tier 1; QL

mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1

MYNEPHRON (brand for triphrocaps) - Tier 2

NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2

NEONATAL PLUS (brand for prenatal) - Tier 2; QL

nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL

NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL

niacin er oral capsule extended release 250 mg - Tier 1; QL

niacin er oral capsule extended release 500 mg - Tier 1

niacin er oral tablet extended release 1000 mg - Tier 1

niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1

niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1

NIVA-PLUS (brand for prenatal) - Tier 2; QL

OBSTETRIX DHA - Tier 2; QL

once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1

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Preferred Agents**Non-Preferred Agents**

ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione oral - Tier 1; QL
prenatal 19 oral tablet - Tier 1; QL
prenatal formula - Tier 1
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal vitamins - Tier 1; QL
prenataliron - Tier 1; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL

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Preferred Agents

radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
RENAL (brand for triphrocaps) - Tier 2
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SE-NATAL 19 ORAL TABLET - Tier 2; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
STUART ONE - Tier 2
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
THRIVITE RX - Tier 2; QL
triphrocaps (generic for MYNEPHRON) - Tier 1
tri-vite pediatric - Tier 1; QL
TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for vitamin d3) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2
virt-caps (generic for MYNEPHRON) - Tier 1
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; QL
vitamin b complex oral capsule - Tier 1; QL
vitamin b complex w/b-12 - Tier 1
vitamin b-1 oral tablet 100 mg - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL
vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

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Preferred Agents	Non-Preferred Agents
<p>vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1</p> <p>vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL</p> <p>vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL</p> <p>vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</p> <p>vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL</p> <p>vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1</p> <p>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</p> <p>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</p> <p>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL</p> <p>vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1</p> <p>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</p> <p>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL</p> <p>vitamin-b complex - Tier 1</p> <p>weekly-d (generic for D3-50) - Tier 1; QL</p> <p>wescaps (generic for MYNEPHRON) - Tier 1</p> <p>WESNATAL DHA COMPLETE - Tier 2; QL</p> <p>WESTAB PLUS (brand for prenatal) - Tier 2; QL</p> <p>womens prenatal+dha - Tier 1; QL</p>	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	<p>MYFEMBREE - Tier 2; PA; QL</p> <p>NEXTSTELLIS - Tier 2; PA; QL</p>
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>lactulose encephalopathy oral solution 10 gm/15ml - Tier 1; QL</i> <i>lactulose oral solution - Tier 1; QL</i> <i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> MOTTEGRITY - Tier 2; ST; QL MOVANTIK - Tier 2; DX2RX; ST; QL	AMITIZA ORAL CAPSULE 24 MCG (brand for lubiprostone) - Tier 2; DX2RX; ST; QL LINZESS - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Constipation AgentsOther	
	IBSRELA - Tier 2; PA; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1</i> <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1</i>	

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Preferred Agents	Non-Preferred Agents
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Gastrointestinal Agents, Other

GATTEX - Tier 2; PA; SP; QL
 gavilyte-c - Tier 1; QL
 gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL
 gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
 HELIDAC THERAPY - Tier 2; QL
 peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL
 peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL
 ursodiol oral capsule 300 mg - Tier 1; QL
 ursodiol oral tablet (generic for URSO 250) - Tier 1

CLENPIQ - Tier 2; PA; QL
 MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL
 OCALIVA ORAL TABLET 5 MG - Tier 2; PA; SP; QL
 PLENVU - Tier 2; PA; QL
 PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA
 SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL
 TALICIA - Tier 2; PA; QL

Histamine2 (H2) Receptor Antagonists

acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine hcl - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
 famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 famotidine oral suspension reconstituted - Tier 1; QL; AL
 famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
 famotidine orig st (generic for PEPCID AC) - Tier 1; QL
 ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</p> <p>heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL</p> <p>heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1</p> <p>PEPCID AC (brand for acid controller) - Tier 2; QL</p> <p>TAGAMET HB 200 (brand for cimetidine) - Tier 2</p>	
Protectants	
<p>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</p> <p>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</p> <p>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</p>	
Proton Pump Inhibitors	
<p>acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL</p> <p>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL</p> <p>ft acid reducer oral capsule delayed release (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</p> <p>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</p> <p>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL</p> <p>NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA; QL; AL</p>	

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Preferred Agents	Non-Preferred Agents
<p>omeprazole magnesium - Tier 1; QL omeprazole magnesium oral capsule delayed release - Tier 1; QL omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</p>	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
<p>abatinex (generic for ABATINEX) - Tier 1 acid gone (generic for ACID GONE) - Tier 1 acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1 acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1 acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1 acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1 adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL adult probiotic (generic for FLORA VANCE) - Tier 1; QL advanced antacid (generic for MINTOX) - Tier 1; QL almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL</p>	

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Preferred Agents

antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL

antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid anti-gas (generic for MINTOX) - Tier 1; QL

antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid calcium (generic for CAL-GEST ANTACID) - Tier 1

antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1

antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1

antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

antacid fast relief (generic for MINTOX) - Tier 1; QL

antacid i (generic for MINTOX) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid liquid (generic for MINTOX) - Tier 1; QL
antacid m (generic for MINTOX) - Tier 1; QL
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1
antacid maximum strength oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid regular strength oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid supreme - Tier 1
antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1
antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid/antigas (generic for MINTOX) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1
biotinex (generic for ABATINEX) - Tier 1
bismuth (generic for SOOTHE) - Tier 1; QL
bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL
BOLSITOL (brand for acidophilus) - Tier 2
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1
calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
calcium carbonate antacid oral suspension - Tier 1; QL

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Preferred Agents

calcium carbonate antacid oral tablet - Tier 1
calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1
cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1
chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
childrens soothe - Tier 1
comfort gel (generic for MINTOX) - Tier 1; QL
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
diarrhea (generic for SOOTHE) - Tier 1
diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2
foaming antacid oral tablet chewable 80-20 mg - Tier 1

Non-Preferred Agents

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Preferred Agents

freeze dried acidophilus (generic for ABATINEX) - Tier 1
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
ft enema saline (generic for FLEET ENEMA) - Tier 1
ft gas relief - Tier 1
ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1
ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
ft milk of magnesia (generic for DULCOLAX) - Tier 1
ft stomach relief oral suspension (generic for SOOTHE) - Tier 1
ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1
ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL
gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1

gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief oral tablet chewable 80 mg - Tier 1

gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1

GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2

GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2

GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2

GAVISCON - Tier 2

GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2

GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2

GELUSIL - Tier 2

geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

geri-lanta supreme - Tier 1
geri-mox (generic for MINTOX) - Tier 1; QL
heartburn antacid (generic for ACID GONE) - Tier 1
heartburn antacid ex st (generic for ACID GONE) - Tier 1
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1
IMODIUM MULTI-SYMPTOM RELIEF (brand for eq1 anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for ABATINEX) - Tier 1
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX - Tier 2
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

sodium bicarbonate oral tablet - Tier 1

soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

soothe oral suspension (generic for SOOTHE) - Tier 1

soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL

stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1

stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL

stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2</i></p> <p><i>TUMS (brand for antacid) - Tier 2</i></p> <p><i>TUMS CHEWY BITES (brand for antacid) - Tier 2</i></p> <p><i>TUMS E-X 750 (brand for antacid) - Tier 2</i></p> <p><i>TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2</i></p> <p><i>TUMS LASTING EFFECTS (brand for antacid) - Tier 2</i></p> <p><i>TUMS SMOOTHIES (brand for antacid) - Tier 2</i></p> <p><i>TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2</i></p> <p><i>ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL</i></p>	

Laxatives - Bowel Treatment Drugs

<p><i>clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i></p> <p><i>daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i></p> <p><i>daily fiber oral powder 43 % (generic for REGULOID) - Tier 1</i></p> <p><i>enema mineral oil (generic for FLEET OIL) - Tier 1</i></p> <p><i>EVAC (brand for cvs natural fiber supplement) - Tier 2</i></p> <p><i>fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i></p> <p><i>fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i></p> <p><i>fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</i></p> <p><i>fiber oral powder 43 % (generic for REGULOID) - Tier 1</i></p> <p><i>fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1</i></p> <p><i>fiber powder oral powder 43 % (generic for REGULOID) - Tier 1</i></p>	
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft enema mineral oil (generic for FLEET OIL) - Tier 1
ft fiber oral powder 43 % (generic for REGULOID) - Tier 1
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil heavy oral - Tier 1
mineral oil oral oil - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Non-Preferred Agents

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Preferred Agents

natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
psyldex - Tier 1
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
reguloid oral powder 43 % (generic for REGULOID) - Tier 1
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
sorbitol oral - Tier 1

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL
docusate sodium oral syrup - Tier 1
DOCUSOL MINI (brand for docusate mini) - Tier 2; QL
docuzen (generic for SENOKOT S) - Tier 1
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
ft fiber laxative (generic for CITRUCCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ft senna laxative (generic for SENOKOT) - Tier 1; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENOKOT S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
laxacin (generic for SENOKOT S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1
mm stool softener (generic for COLACE) - Tier 1; QL
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENOKOT S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1
senexon-s (generic for SENOKOT S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL
senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1
senna s (generic for SENOKOT S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENOKOT S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENOKOT S) - Tier 1
senna-s oral tablet 8.6-50 mg (generic for SENOKOT S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCEL) - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENOKOT S) - Tier 1
stool softener plus laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1; QL

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
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CHOLBAM - Tier 2; PA; SP; QL
 CREON - Tier 2
 CYSTAGON - Tier 2; SP; QL
 NITYR - Tier 2; DX2RX; SP; QL
 RAVICTI - Tier 2; PA; SP; QL
sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL
sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL
 STRENSIQ - Tier 2; PA; SP; QL
 TEGSEDI - Tier 2; PA; SP; QL
 VYNDAMAX - Tier 2; PA; SP; QL
 VYNDAQEL - Tier 2; PA; SP; QL

BUPHENYL ORAL POWDER (brand for sodium phenylbutyrate) - Tier 2; DX2RX; SP; QL
BUPHENYL ORAL TABLET (brand for sodium phenylbutyrate) - Tier 2; PA; SP; QL
 CERDELGA - Tier 2; PA; SP; QL
 EVRYSDI - Tier 2; PA; SP; QL
JAVYGTOR ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL
 PERTZYE - Tier 2; PA
 PHEBURANE - Tier 2; PA; SP; QL
 VIOKACE - Tier 2; PA
ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; PA
Genitourinary Agents	
Antispasmodics, Urinary	
<i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral solution - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> OXYTROL FOR WOMEN - Tier 2; QL <i>solifenacin succinate (generic for VESICARE) - Tier 1; QL</i> <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i> <i>tolterodine tartrate er (generic for DETROL LA) - Tier 1; PA; QL</i> <i>tropium chloride - Tier 1; QL</i>	DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL
Benign Prostatic Hypertrophy Agents	
<i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other	
<i>bethanechol chloride oral - Tier 1</i> ELMIRON - Tier 2; DX2RX; QL <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>	<i>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL</i> <i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL</i> <i>THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</i>
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<i>azo (generic for PHENAZO) - Tier 1</i> <i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2</i>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i> <i>dexamethasone oral elixir - Tier 1; QL</i> <i>dexamethasone oral solution - Tier 1; QL</i> <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i> <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i> <i>fludrocortisone acetate oral - Tier 1; QL</i> <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i> MEDROL ORAL TABLET 2 MG - Tier 2 <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i> <i>prednisolone oral solution - Tier 1; QL</i> <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i> <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i> <i>prednisone oral solution - Tier 1; QL</i> <i>prednisone oral tablet - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	<p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL EMFLAZA ORAL TABLET 6 MG (brand for deflazacort) - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p><i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> <i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP; QL NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL NOVAREL - Tier 2; DX2RX NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i></p>	<p>GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL OMNITROPE - Tier 2; PA; SP; QL SAIZEN - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<p><i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i></p>	<p>ANDRODERM - Tier 2; PA; QL</p> <p>NATESTO - Tier 2; PA; QL</p> <p>TESTIM (brand for testosterone) - Tier 2; PA; QL</p> <p>VOGELXO (brand for testosterone) - Tier 2; PA; QL</p> <p>XYOSTED - Tier 2; PA; QL</p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>ALORA (brand for estradiol) - Tier 2; QL</i></p> <p><i>altavera (generic for ALTAVERA) - Tier 1; QL; GE</i></p> <p><i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE</i></p> <p><i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE</i></p> <p><i>apri - Tier 1; QL; GE</i></p> <p><i>aranelle - Tier 1; QL; GE</i></p> <p><i>ashlyna (generic for ASHLYNA) - Tier 1; QL</i></p> <p><i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE</i></p> <p><i>aurovela 24 fe - Tier 1; QL</i></p> <p><i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE</i></p>	<p><i>ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL</i></p> <p>ANGELIQ - Tier 2; PA</p> <p>ANNOVERA - Tier 2; PA; QL</p> <p>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL</p> <p>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL</p> <p>BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL</p> <p>CLIMARA (brand for estradiol) - Tier 2; PA; QL</p> <p>CLIMARA PRO - Tier 2; PA</p> <p>COMBIPATCH - Tier 2; PA; QL</p> <p><i>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/1GM (brand for estradiol) - Tier 2; PA</i></p> <p>ELESTRIN - Tier 2; PA</p>

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Preferred Agents

aviane (generic for AFIRMELLE) - Tier 1; QL; GE
ayuna (generic for ALTAVERA) - Tier 1; QL; GE
azurette (generic for AZURETTE) - Tier 1; QL; GE
balziva (generic for BALZIVA) - Tier 1; QL; GE
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
briellyn (generic for BALZIVA) - Tier 1; QL; GE
camrese (generic for ASHLYNA) - Tier 1; QL
camrese lo (generic for CAMRESE LO) - Tier 1; QL
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE
cryselle-28 - Tier 1; QL; GE
cyred eq - Tier 1; QL; GE
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
daysee (generic for ASHLYNA) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL; GE
DEPO-ESTRADIOL - Tier 2; QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; QL; GE
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
elinest - Tier 1; QL; GE
eluryng (generic for ELURYNG) - Tier 1; QL; GE
enilloring (generic for ELURYNG) - Tier 1; QL; GE
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE

Non-Preferred Agents

EVAMIST - Tier 2; PA
FEMRING - Tier 2; PA; QL
LO LOESTRIN FE - Tier 2; PA; QL
MENEST - Tier 2; PA; QL
NATAZIA - Tier 2; PA; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
PREMARIN VAGINAL - Tier 2; PA; QL
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL

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Preferred Agents

enskyce - Tier 1; QL; GE
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE
estradiol oral (generic for ESTRACE) - Tier 1; QL
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE
falmina (generic for AFIRMELLE) - Tier 1; QL; GE
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
haloette (generic for ELURYNG) - Tier 1; QL; GE
iclevia (generic for ICLEVIA) - Tier 1; QL
introvale (generic for ICLEVIA) - Tier 1; QL
isibloom - Tier 1; QL; GE
jaimiess (generic for ASHLYNA) - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1; QL
juleber - Tier 1; QL; GE
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL
kalliga - Tier 1; QL; GE
kariva (generic for AZURETTE) - Tier 1; QL; GE
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
larin 24 fe - Tier 1; QL
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
leena - Tier 1; QL; GE
lessina (generic for AFIRMELLE) - Tier 1; QL; GE
levonest (generic for ENPRESSE-28) - Tier 1; QL; GE
levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE
lojaimiess (generic for CAMRESE LO) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL; GE
lo-zumandimine (generic for JASMIEL) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

luta (generic for AFIRMELLE) - Tier 1; QL; GE
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL; GE
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE
microgestin 24 fe - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
mili (generic for ESTARYLLA) - Tier 1; QL; GE
mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE
necon 0.5/35 (28) - Tier 1; QL; GE
nikki (generic for JASMIEL) - Tier 1; QL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; GE
norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
nortrel 0.5/35 (28) - Tier 1; QL; GE

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Preferred Agents

nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; GE
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE
nymyo (generic for ESTARYLLA) - Tier 1; QL; GE
ocella (generic for OCELLA) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL; GE
pimtrea (generic for AZURETTE) - Tier 1; QL; GE
portia-28 (generic for ALTAVERA) - Tier 1; QL; GE
PREMARIN ORAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL; GE
setlakin (generic for ICLEVIA) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL; GE
simpesse (generic for ASHLYNA) - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE
sronyx (generic for AFIRMELLE) - Tier 1; QL; GE
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE
tilia fe (generic for TILIA FE) - Tier 1; QL; GE
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE

Non-Preferred Agents

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Preferred Agents

tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE
turqoz - Tier 1; QL; GE
TYBLUME - Tier 2; QL; GE
velivet - Tier 1; QL
vestura (generic for JASMIEL) - Tier 1; QL
vienva (generic for AFIRMELLE) - Tier 1; QL; GE
viorele (generic for AZURETTE) - Tier 1; QL; GE
volnea (generic for AZURETTE) - Tier 1; QL; GE
vyfemla (generic for BALZIVA) - Tier 1; QL; GE
vylibra (generic for ESTARYLLA) - Tier 1; QL; GE
wera - Tier 1; QL; GE
wymzya fe (generic for WYMZYA FE) - Tier 1; QL
xulane (generic for XULANE) - Tier 1; QL; GE
yuvaferm (generic for YUVAFERM) - Tier 1; QL
zafemy (generic for XULANE) - Tier 1; QL; GE
zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE
zumandimine (generic for OCELLA) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Progestins

camila (generic for CAMILA) - Tier 1; QL; GE
deblitane (generic for CAMILA) - Tier 1; QL; GE
 ELLA - Tier 2; QL
emzahh (generic for CAMILA) - Tier 1; QL; GE
errin (generic for CAMILA) - Tier 1; QL; GE
heather (generic for CAMILA) - Tier 1; QL; GE
incassia (generic for CAMILA) - Tier 1; QL; GE
jencycla (generic for CAMILA) - Tier 1; QL; GE
lyleq (generic for CAMILA) - Tier 1; QL; GE
lyza (generic for CAMILA) - Tier 1; QL; GE
medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE
medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; QL
megestrol acetate oral tablet 20 mg - Tier 1
megestrol acetate oral tablet 40 mg - Tier 1; QL
nora-be (generic for CAMILA) - Tier 1; QL; GE
norethindrone acetate oral - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; QL; GE
norlyroc (generic for CAMILA) - Tier 1; QL; GE
progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL
sharobel (generic for CAMILA) - Tier 1; QL; GE

DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL

Selective Estrogen Receptor Modifying Agents

raloxifene hcl (generic for EVISTA) - Tier 1; QL

EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL
 OSPHENA - Tier 2; PA; QL; GE

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Preferred Agents	Non-Preferred Agents
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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
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Progestins - Hormone Replacement/Modifying Drugs	
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<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>curae (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i>	
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
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<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - Tier 2; PA; QL TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL TIROSINT-SOL - Tier 2; PA; QL
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
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	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
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Hormonal Agents, Suppressant (Adrenal)	
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LYSODREN - Tier 2; QL	
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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline</i> - Tier 1; QL <i>leuprolide acetate injection</i> - Tier 1; PA; SP; QL LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <i>octreotide acetate (generic for SANDOSTATIN)</i> - Tier 1; SP; QL ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral</i> - Tier 1; QL <i>propylthiouracil oral</i> - Tier 1; QL	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL	BERINERT - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL
Immunological Agents, Other	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP; QL PEGASYS - Tier 2; PA; SP; QL	

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Preferred Agents

Non-Preferred Agents

Immunosuppressants

azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL
CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL
CIMZIA VIAL KIT - Tier 2; PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML - Tier 2; PA; SP; QL
cyclosporine modified (generic for GENGRAF) - Tier 1; QL
cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL
ENBREL - Tier 2; PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1
gengraf oral capsule (generic for GENGRAF) - Tier 1; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1

mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL
mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL
mycophenolic acid (generic for MYFORTIC) - Tier 1; QL
sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL
sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1
tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1
tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL

ENSPRYNG - Tier 2; PA; SP; QL
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL
HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER - Tier 2; PA; SP; QL
HUMIRA-PED>=40KG CROHNS START - Tier 2; PA; SP; QL
HUMIRA-PED>=40KG UC STARTER - Tier 2; PA; SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER - Tier 2; PA; SP; QL
OTREXUP - Tier 2; PA; QL
RASUVO - Tier 2; PA; QL
SIMPONI - Tier 2; PA; SP; QL

TREXALL - Tier 2; PA

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Preferred Agents

Non-Preferred Agents

Vaccines

ACTHIB - Tier 2; QL
 ADACEL - Tier 2; QL
 BEXSERO - Tier 2; QL
 BOOSTRIX - Tier 2; QL
 DAPTACEL - Tier 2; QL
 ENGERIX-B - Tier 2; QL
 GARDASIL 9 - Tier 2; QL
 HAVRIX - Tier 2; QL
 HIBERIX - Tier 2; QL
 INFANRIX - Tier 2; QL
 IPOL - Tier 2; QL
 MENQUADFI - Tier 2; QL
 MENVEO - Tier 2; QL
 M-M-R II - Tier 2; QL
 PEDIARIX - Tier 2; QL
 PEDVAX HIB - Tier 2; QL
 PENTACEL - Tier 2; QL
 PREHEVBRIO - Tier 2; QL
 PRIORIX - Tier 2; QL
 PROQUAD - Tier 2; QL
 QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
 RECOMBIVAX HB - Tier 2; QL
 ROTARIX - Tier 2; AL
 ROTATEQ - Tier 2; QL
 SHINGRIX - Tier 2; QL; AL
TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TENIVAC - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
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TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TRUMENBA - Tier 2; QL
 TWINRIX - Tier 2; QL
 VAQTA - Tier 2; QL
 VARIVAX - Tier 2; QL
 VAXNEUVANCE - Tier 2; QL

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Vaccines

AFLURIA QUADRIVALENT - Tier 2; QL
 DENG VAXIA - Tier 2; QL
 FLUAD QUADRIVALENT - Tier 2; QL
 FLUARIX QUADRIVALENT - Tier 2; QL
 FLUBLOK QUADRIVALENT - Tier 2; QL
 FLUCELVAX QUADRIVALENT - Tier 2; QL
 FLULAVAL QUADRIVALENT - Tier 2; QL
 FLUMIST QUADRIVALENT - Tier 2; QL
 FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL
 FLUZONE QUADRIVALENT - Tier 2; QL
 HEPLISAV-B - Tier 2; QL; AL
 HYPERTET - Tier 2; QL
 NOVAVAX COVID-19 VACCINE - Tier 2; QL
 PNEUMOVAX 23 - Tier 2; QL
 PREVNAR 20 - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> <i>SFROWASA - Tier 2; QL</i> <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> <i>DIPENTUM - Tier 2; PA; QL</i> <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; PA; QL</i>
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i>	<i>CORTIFOAM - Tier 2; PA; QL</i> <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
<p><i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i></p>	<p><i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</i> <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA</i> <i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> <i>FOSAMAX PLUS D - Tier 2; PA; QL</i> <i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i></p>
Miscellaneous Therapeutic Agents	
<p><i>ABRYSVO - Tier 2; QL</i> <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1; QL</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> <i>ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL</i> <i>ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML - Tier 2; PA; SP; QL</i> <i>ADALIMUMAB-ADBIM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL</i> <i>ADALIMUMAB-ADBIM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL</i></p>	<p><i>AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL</i> <i>AUVELITY - Tier 2; PA; ^; QL</i> <i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p>ADALIMUMAB-FKJP - Tier 2; PA; SP; QL</p> <p>ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL</p> <p>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</p> <p>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</p> <p>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</p> <p>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL</p> <p>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL</p> <p>AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL</p> <p>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</p> <p>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</p> <p>antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL</p> <p>antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL</p> <p>AREXVY - Tier 2; QL</p> <p>arthritis pain relieving - Tier 1; QL</p> <p>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</p> <p>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</p> <p>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</p>	<p>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</p> <p>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>EMPAVELI - Tier 2; PA; SP; QL</p> <p>FYLNETRA - Tier 2; PA; SP</p> <p>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</p> <p>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</p> <p>HYFTOR - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</p> <p>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</p> <p>KRAZATI - Tier 2; PA; SP; QL</p> <p>LITFULO - Tier 2; PA</p> <p>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>aspirin oral tablet 325 mg (generic for <i>MEDI-FIRST ASPIRIN</i>) - Tier 1; QL</p> <p>aspirin oral tablet chewable 81 mg (generic for <i>BAYER LOW DOSE</i>) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 325 mg (generic for <i>BAYER ASPIRIN</i>) - Tier 1; QL</p> <p>aspirin oral tablet delayed release 81 mg (generic for <i>BAYER ASPIRIN EC LOW DOSE</i>) - Tier 1; QL</p> <p><i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG</i> (brand for aspirin) - Tier 2; QL</p> <p>aspirin rectal suppository 300 mg - Tier 1</p> <p>aspirin regimen (generic for <i>BAYER ASPIRIN EC LOW DOSE</i>) - Tier 1; QL</p>	<p>OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL</p> <p>ORLADEYO - Tier 2; PA; SP; QL</p> <p><i>PREZISTA ORAL TABLET 600 MG, 800 MG</i> (brand for darunavir) - Tier 2; PA; QL</p> <p>QUVIVIQ - Tier 2; PA; QL</p> <p>RELYVRIO - Tier 2; PA; SP; QL</p> <p>REZDIFFRA ORAL TABLET 80 MG - Tier 2; PA; SP; QL</p> <p>RYALTRIS - Tier 2; PA; QL; AL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</p> <p>SOTYKTU - Tier 2; PA; SP; QL</p> <p>STIMUFEND - Tier 2; PA; SP</p> <p>VIVJOA - Tier 2; PA; QL</p> <p>VOQUEZNA DUAL PAK - Tier 2; PA; QL</p>
<p>athletes foot (tolnaftate) external aerosol powder 1 % (generic for <i>ODOR EATERS FOOT/SNEAKER SPRAY</i>) - Tier 1</p> <p>athletes foot (tolnaftate) external cream 1 % (generic for <i>TINACTIN</i>) - Tier 1; QL</p> <p>athletes foot powder spray external aerosol powder 1 % (generic for <i>ODOR EATERS FOOT/SNEAKER SPRAY</i>) - Tier 1</p> <p>athletes foot relief (generic for <i>TINACTIN</i>) - Tier 1</p> <p><i>AUM ALCOHOL PREP PADS</i> (brand for alcohol prep) - Tier 2; QL</p> <p>bacitracin external (generic for <i>BACITRAYCIN PLUS</i>) - Tier 1; QL</p> <p>bacitracin zinc external - Tier 1; QL</p> <p>bacitracin zinc first aid - Tier 1; QL</p> <p>bacitracin zinc-aloe - Tier 1; QL</p> <p><i>BAYER ASPIRIN</i> (brand for aspirin) - Tier 2; QL</p>	<p>VTAMA - Tier 2; PA; QL</p> <p>WINLEVI - Tier 2; PA; QL</p> <p><i>XPHOZAH ORAL TABLET 20 MG</i> - Tier 2; PA; SP; QL; AL</p> <p>YONSA - Tier 2; PA; SP; QL</p> <p>ZORYVE EXTERNAL CREAM - Tier 2; PA; QL; AL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL

BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL

BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL

BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL

BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL

benzoyl peroxide external gel 2.5 % - Tier 1; QL

benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL

benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL

BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL

bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL

bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL

bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL

bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL

bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1

BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL

calamine external lotion - Tier 1

CALQUENCE - Tier 2; PA; SP; QL

capsaicin cream 0.025 % external (generic for DERMACINRX PENETRAL) - Tier 1; QL

capsaicin external cream 0.1 % (generic for ZOSTRIX HP) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL
capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL
capzix (generic for ZOSTRIX HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL
clearskin (generic for CLEARSKIN) - Tier 1
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
COMIRNATY - Tier 2; QL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents**

corn & callus remover (generic for COMPOUND W) - Tier 1
corn and callus remover (generic for COMPOUND W) - Tier 1
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; AL
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
darunavir (generic for PREZISTA) - Tier 1; QL
DERMELEVE ADVANCED FORMULA - Tier 2
DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
DUREX EXTRA SENSITIVE THIN DEVICE (brand for true cover) - Tier 2; QL
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents**

EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL
FLEET BISACODYL - Tier 2; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
folic acid oral tablet 1 mg - Tier 1; QL
folic acid oral tablet 400 mcg, 800 mcg - Tier 1
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
ft antibiotic - Tier 1; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL

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Preferred Agents

gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
HADLIMA - Tier 2; PA; SP; QL
HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
LEVBIID (brand for hyoscyamine sulfate er) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL
MOUNJARO - Tier 2; PA; QL
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL; AL

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Preferred Agents

ONELAX (brand for bisacodyl) - Tier 2; QL
OPILL - Tier 2; QL
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2
PANOXYL (brand for bp wash) - Tier 2
PENBRAYA - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; AL
poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
PREZISTA ORAL SUSPENSION - Tier 2; QL
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; AL
SPIKEVAX - Tier 2; QL
ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL
STRIVE DUAL ZONE PEAK FLOW MTR (brand for peak flow meter universal rang) - Tier 2; QL
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1
SUNLENCA ORAL - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL
tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external cream (generic for TINACTIN) - Tier 1; QL
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1
TRUE COVER (brand for true cover) - Tier 2; QL
 TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
true folic acid tablet 1 mg oral - Tier 1; QL
 TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL
 VAPORIZER WARM STEAM - Tier 2; QL
 VAXELIS - Tier 2; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1
 WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL
 WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL
 ZOSTRIX HP (brand for capsaicin) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF ORAL CAPSULE - Tier 2; SP; QL BOSULIF ORAL TABLET - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</i> <i>gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL</i> GILOTRIF - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL <i>imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL</i> IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL</i> LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL <i>pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL</i> SPRYCEL - Tier 2; PA; SP; QL</p>	<p>GAVRETO - Tier 2; PA; SP; QL <i>GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL</i> <i>IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL</i> LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL <i>TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL</i> VIZIMPRO - Tier 2; PA; SP; QL <i>VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL</i> XOSPATA - Tier 2; PA; SP; QL</p>

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL
 ALUNBRIG - Tier 2; PA; SP; QL
 BOSULIF ORAL CAPSULE - Tier 2; SP; QL
 BOSULIF ORAL TABLET - Tier 2; PA; SP; QL
 BRUKINSA - Tier 2; PA; SP
 CABOMETYX - Tier 2; PA; SP; QL
 CAPRELSA - Tier 2; PA; SP; QL
 COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL
 GILOTRIF - Tier 2; PA; SP; QL
 ICLUSIG - Tier 2; PA; SP; QL
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL
 IMBRUVICA - Tier 2; PA; SP; QL
 INLYTA - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL
 LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
 SPRYCEL - Tier 2; PA; SP; QL

GAVRETO - Tier 2; PA; SP; QL
GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL
IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL
 LORBRENA - Tier 2; PA; SP; QL
 RETEVMO - Tier 2; PA; SP; QL
 TABRECTA - Tier 2; PA; SP; QL
 TAGRISSO - Tier 2; PA; SP; QL
TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL
 VIZIMPRO - Tier 2; PA; SP; QL
VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL
 XOSPATA - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; SP; QL; AL XALKORI - Tier 2; PA; SP; QL	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Ophthalmic Agents, Other

altafrin (generic for ALTAFRIN) - Tier 1
atropine sulfate ophthalmic ointment - Tier 1
atropine sulfate ophthalmic solution 1 % - Tier 1; QL
bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL
cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL
 CYSTARAN - Tier 2; DX2RX; SP; QL
dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL
neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1
sulfacetamide-prednisolone - Tier 1
 TOBRADEX - Tier 2; QL
tobramycin-dexamethasone - Tier 1
 XIIDRA - Tier 2; PA; QL

CEQUA - Tier 2; PA; QL
COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL
COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL
COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA
RESTASIS (brand for cyclosporine) - Tier 2; PA; QL
RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL
 ROCKLATAN - Tier 2; PA; QL
 TOBRADEX ST - Tier 2; PA; QL
 TYRVAYA - Tier 2; PA; QL
 VERKAZIA - Tier 2; PA; QL
 ZYLET - Tier 2; PA; QL

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1; ST
cromolyn sodium ophthalmic - Tier 1; QL
olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b (generic for POLYCYN) - Tier 1
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; QL
gentamicin sulfate ophthalmic - Tier 1; QL
moxifloxacin hcl (2x day) - Tier 1; QL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCYN) - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
neo-polycin (generic for NEO-POLYCYN) - Tier 1; QL
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYCYN) - Tier 1
polymyxin b-trimethoprim - Tier 1; QL
sulfacetamide sodium ophthalmic - Tier 1; QL
tobramycin ophthalmic - Tier 1; QL
trifluridine - Tier 1; QL

AZASITE - Tier 2; PA; QL
BESIVANCE - Tier 2; PA; QL
VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

dexamethasone sodium phosphate ophthalmic - Tier 1
diclofenac sodium ophthalmic - Tier 1; QL
fluorometholone (generic for FML LIQUIFILM) - Tier 1
flurbiprofen sodium - Tier 1; QL
ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1
ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL
prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL
PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL
prednisolone sodium phosphate ophthalmic - Tier 1

ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
ACUVAIL - Tier 2; PA; QL
BROMSITE (brand for bromfenac sodium) - Tier 2; PA; QL
EYSUVIS - Tier 2; PA; QL
FLAREX - Tier 2; PA; QL
FML FORTE - Tier 2; PA; QL
ILEVRO - Tier 2; PA; QL
INVELTYS - Tier 2; PA; QL
LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
LOTEMAX SM - Tier 2; PA; QL
NEVANAC - Tier 2; PA; QL
PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Ophthalmic Beta-Adrenergic Blocking Agents	
<i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i>	BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL
Ophthalmic Intraocular Pressure Lowering Agents, Other	
<i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2 <i>pilocarpine hcl ophthalmic - Tier 1</i>	ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL AZOPT (brand for brinzolamide) - Tier 2; PA RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i> <i>astringent eye drops (generic for VISINE-AC) - Tier 1; QL</i> <i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2</i> <i>BION TEARS PF (brand for cvs natural tears pf) - Tier 2</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i> <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL</i> <i>eye drops adv relief - Tier 1; QL</i> <i>eye drops advanced relief - Tier 1; QL</i> <i>eye drops long lasting (generic for SYSTANE) - Tier 1; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1
ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
GENTEAL SEVERE - Tier 2; QL
GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL

lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL

lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1

lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL

lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1

lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL

lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

lubricant eye pm (generic for ALTALUBE) - Tier 1; QL

lubricant pm (generic for ALTALUBE) - Tier 1; QL

lubricating eye drop (generic for BIOLLE TEARS) - Tier 1

lubricating eye drops (generic for SYSTANE) - Tier 1; QL

lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL

lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1

lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1

lubricating plus pf (generic for BIOLLE TEARS) - Tier 1

lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL

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Preferred Agents

MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
pure & gentle lubricant - Tier 1
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL
relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
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SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
 SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
 SYSTANE CONTACTS (brand for artificial tears) - Tier 2
 SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
 SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
 SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
 SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL
 SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
 ultra fresh (generic for ULTRA FRESH) - Tier 1; QL
 ultra fresh pm (generic for ALTALUBE) - Tier 1; QL
 ultra lubricant drop (generic for SYSTANE) - Tier 1; QL
 ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL
 ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

NAPHCN-A (brand for allergy eye) - Tier 2
 VASOCLEAR-A - Tier 2; QL
 VISINE (brand for allergy eye) - Tier 2

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Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL
ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL
allergy eye drops (generic for ALAWAY) - Tier 1; QL
eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL
ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL
ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL

Otic Agents

acetic acid otic - Tier 1; QL
ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL
hydrocortisone-acetic acid - Tier 1
neomycin-polymyxin-hc otic - Tier 1; QL
ofloxacin otic - Tier 1; QL

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Drugs for the Ear

CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2
ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1
earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

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Preferred Agents	Non-Preferred Agents
<p>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p> <p>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</p>	

Respiratory Tract/Pulmonary Agents

Antihistamines

<p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy medication (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy medicine (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL</p> <p>allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</p> <p>allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL</p>	<p>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL</p>
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Preferred Agents

allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy reliefindoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL

BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL

BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL

cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL

cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL

cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

clemastine fumarate oral - Tier 1; QL

complete allergy (generic for BANOPHEN) - Tier 1; QL

complete allergy medicine (generic for BANOPHEN) - Tier 1; QL

complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL

complete allergy relief (generic for BANOPHEN) - Tier 1; QL

CURELIEF (brand for allergy childrens) - Tier 2; QL

cyproheptadine hcl oral - Tier 1; QL

DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL

diphenhydramine hcl oral (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

diphen (generic for BANOPHEN) - Tier 1; QL

diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL

ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL

ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MM ALLER-BEN (brand for allergy relief) - Tier 2; QL
NARAMIN (brand for allergy childrens) - Tier 2; QL
pharbedryl (generic for BANOPHEN) - Tier 1; QL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
total allergy (generic for BANOPHEN) - Tier 1; QL
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
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Anti-inflammatories, Inhaled Corticosteroids

<p> ASMANEX (120 METERED DOSES) - Tier 2; PA; QL ASMANEX (14 METERED DOSES) - Tier 2; PA; QL ASMANEX (30 METERED DOSES) - Tier 2; PA; QL ASMANEX (60 METERED DOSES) - Tier 2; PA; QL ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA; QL <i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL</i> FLUTICASONE PROPIONATE HFA - Tier 2; QL <i>fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL</i> </p>	<p> ALVESCO - Tier 2; PA ARNUITY ELLIPTA - Tier 2; PA; QL OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL <i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL</i> QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL ZETONNA - Tier 2; PA; QL </p>
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Antileukotrienes

<p> <i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i> </p>	<p> <i>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</i> <i>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</i> <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i> ZYFLO - Tier 2; PA </p>
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Bronchodilators, Anticholinergic

<p> ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> </p>	<p> <i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL</i> SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL </p>
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Preferred Agents	Non-Preferred Agents
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Bronchodilators, Sympathomimetic

albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL
albuterol sulfate oral syrup - Tier 1; QL
epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL
levalbuterol hcl inhalation - Tier 1; ST; QL
STRIVERDI RESPIMAT - Tier 2; QL

AUVI-Q (brand for epinephrine) - Tier 2; PA; QL
EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL
EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL
PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL
PROAIR RESPICLICK - Tier 2; PA; QL
PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL
SEREVENT DISKUS - Tier 2; PA; QL
VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL
XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL

Cystic Fibrosis Agents

CAYSTON - Tier 2; DX2RX; SP; QL
KALYDECO - Tier 2; PA; SP; QL
ORKAMBI - Tier 2; PA; SP; QL
PULMOZYME - Tier 2; DX2RX; SP; QL
SYMDEKO - Tier 2; PA; SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL
TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL
TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL

BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL
TOBI PODHALER - Tier 2; PA; SP; QL

Mast Cell Stabilizers

cromolyn sodium inhalation - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
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Phosphodiesterase Inhibitors, Airways Disease

elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL
 THEO-24 - Tier 2
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg - Tier 1; QL
theophylline er oral tablet extended release 12 hour 450 mg - Tier 1
theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL
theophylline er oral tablet extended release 24 hour 600 mg - Tier 1
theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL

Pulmonary Antihypertensives

ADEMPAS - Tier 2; DX2RX; SP; QL
ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL
bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL
 OPSUMIT - Tier 2; DX2RX; SP; QL
sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL

ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL
LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL
 ORENITRAM - Tier 2; PA; SP; QL
 ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL
tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL
 TADLIQ - Tier 2; PA; SP; QL
TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL
 TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL
 TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
 UPTRAVI ORAL - Tier 2; PA; SP; QL

Pulmonary Fibrosis Agents

OFEV - Tier 2; PA; SP; QL
pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL
pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL

ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
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Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i> <i>acetylcysteine inhalation solution 20 % - Tier 1</i> FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>promethazine vc - Tier 1; QL; AL</i></p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

<p><i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</i> <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2</i> <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2</i> <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>AYR (brand for altamist spray) - Tier 2</i> AYR NASAL MIST ALLERGY/SINUS - Tier 2 AYR SALINE NASAL DROPS - Tier 2 <i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i> <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</i> <i>chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p>	
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Preferred Agents

Non-Preferred Agents

chest congestion relief oral tablet (generic for XPECT) - Tier 1
CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL
cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
AL
cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier
1; AL
cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH
LONG ACTING) - Tier 1; AL
cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1;
AL
deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier
1
ed bron gp - Tier 1; AL
ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1
ft chest congestion relief (generic for XPECT) - Tier 1
ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg
(generic for EQ MUCUS ER) - Tier 1; QL; AL
ft nasal decongestant pe (generic for SUDAFED PE SINUS
CONGESTION) - Tier 1
ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL
geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin er oral tablet extended release 12 hour 1200 mg (generic
for EQ MUCUS ER) - Tier 1; QL; AL
guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL
guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1
MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2;
QL; AL
maxi-tuss pe max - Tier 1; AL

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Preferred Agents**Non-Preferred Agents**

medifin 400 (generic for XPECT) - Tier 1
medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; QL; AL
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL
mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL

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Preferred Agents

mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL
nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nasal four (generic for 4-WAY FAST ACTING) - Tier 1
nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2
nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1
NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2
NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2
non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1
OCEAN FOR KIDS (brand for altamist spray) - Tier 2
OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2
pharbinex (generic for XPECT) - Tier 1
phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

Non-Preferred Agents

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Preferred Agents

pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL; AL
refenesen 400 (generic for XPECT) - Tier 1
ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL
ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL
ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL; AL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i></p> <p><i>tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i></p> <p><i>tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>XPECT (brand for chest congestion relief) - Tier 2</i></p>	

Antihistamines - Allergy Drugs

<p><i>12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p>	
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Preferred Agents	Non-Preferred Agents
<p><i>cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL</i></p> <p><i>ft all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL</i></p> <p><i>ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL</i></p> <p><i>ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p> <p><i>ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p>	

Antihistamines - Drugs to Treat Allergies

<p><i>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</i></p> <p><i>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</i></p> <p><i>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</i></p> <p><i>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p>	
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Preferred Agents

allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL
allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL

CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL

CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL

ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL

fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; QL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL

ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL

ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL

ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL

ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL

loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL

loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL

loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL

mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL

TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 ft 24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL
 nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ANORO ELLIPTA - Tier 2; QL
 breyna (generic for BREYNA) - Tier 1; PA; QL
 budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; ST; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
 fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL
 FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL
 ipratropium-albuterol - Tier 1; QL

ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 BEVESPI AEROSPHERE - Tier 2; PA; QL
 BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
 BREZTRI AEROSPHERE - Tier 2; PA; QL
 DUAKLIR PRESSAIR - Tier 2; PA; QL
 DULERA - Tier 2; PA; QL
 SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL
 TRELEGY ELLIPTA - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
STIOLTO RESPIMAT - Tier 2; QL <i>wixela inhub (generic for WIXELA INHUB) - Tier 1; QL</i>	
Mast Cell Stabilizers - Drugs for the Lungs	
<i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
<i>12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL</i> <i>AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2</i> <i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1

allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

altarussin-pe - Tier 1; AL

anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1

APRODINE (brand for cold & allergy d) - Tier 2; AL

benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL

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Preferred Agents

chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

childrens cold & allergy - Tier 1; AL

childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL

cold & allergy - Tier 1; AL

cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; *: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents**

cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough dm childrens (generic for DELSYM) - Tier 1; QL; AL

cough dm er (generic for DELSYM) - Tier 1; QL; AL

cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL

DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2

DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL

DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2

DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL

dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL

dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL

dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL

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Preferred Agents

ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL
ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL
ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL
ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL
ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
ft tussin dm max adult (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1
g tussin ac - Tier 1; QL; AL
geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
guaifenesin-codeine - Tier 1; QL; AL
guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2
ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

maxi-tuss ac - Tier 1; QL; AL

maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL

meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL

MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2

MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL

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Preferred Agents**Non-Preferred Agents**

MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL

MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL

MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2

MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2

MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2

mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus d extended release (generic for MUCINEX D) - Tier 1; AL

mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL

mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL

mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL

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Preferred Agents

mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL
mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1

nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1

nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1

NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2

no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1

promethazine-codeine oral solution - Tier 1; QL; AL

promethazine-dm - Tier 1; QL; AL

pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL

pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL

PULMOSAL (brand for sodium chloride) - Tier 2

ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL

ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL

ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2

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Preferred Agents**Non-Preferred Agents**

rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED CHILDRENS - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

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Preferred Agents**Non-Preferred Agents**

suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL
tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

Sedatives/Hypnotics - Drugs for Sedation and Sleep

Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs

XYWAV - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Skeletal Muscle Relaxants	
<i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>methocarbamol oral - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i>	<i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i> <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA</i>
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i>	<i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i> <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA</i> <i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; ^; QL</i> <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL</i> <i>LUNESTA ORAL TABLET 2 MG (brand for eszopiclone) - Tier 2; PA; QL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i> <i>RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL</i> <i>RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; PA</i> <i>temazepam oral capsule 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i>

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Preferred Agents

Non-Preferred Agents

Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs

adclf (0.5mg/ml) - Tier 1
animal shapes complete (generic for CEROVITE JR) - Tier 1; QL
animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
biocel (generic for LYSIPLEX PLUS) - Tier 1; QL
b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL
BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL
BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
CADEAU DHA - Tier 2
calcidol (generic for CALCIDOL) - Tier 1; QL
calcium 600 - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium carbonate - Tier 1; QL
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL
calcium fast dissolution - Tier 1; QL
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL

chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL

childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL

childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL

childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL

daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL

effer-k oral tablet effervescent 25 meq - Tier 1; QL

ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL

FOLAGENT DHA (brand for v-c forte) - Tier 2; QL

FOLAMED DHA (brand for v-c forte) - Tier 2; QL

fruity c - Tier 1; QL

klor-con/ef - Tier 1; QL

k-prime - Tier 1; QL

little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL

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Preferred Agents

LIVITA ADULTS (brand for support) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2; QL
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL
OBTREX - Tier 2
OCUVEL (brand for v-c forte) - Tier 2; QL
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1
stress formulal/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
tri-vitelfluoride oral solution 0.25 mg/ml - Tier 1; QL
tri-vitelfluoride oral solution 0.5 mg/ml - Tier 1
TRUE VITAMIN C ORAL TABLET 250 MG - Tier 2; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

TRUE VITAMIN C ORAL TABLET 500 MG (brand for ascorbic acid) - Tier 2; QL
true vitamin c tablet 1000 mg oral - Tier 1; QL
TRUE VITAMIN C TABLET 1000 MG ORAL - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1; QL
vic-forte (generic for VIC-FORTE) - Tier 1; QL
vit c/rose hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL
vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins acd-fluoride - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b-12 oral tablet extended release - Tier 1
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1
e-400-clear - Tier 1; QL
natural vitamin e - Tier 1; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
 TRUE VITAMIN B6 ORAL TABLET 25 MG, 50 MG - Tier 2; QL
true vitamin b6 tablet 100 mg oral - Tier 1; QL
 TRUE VITAMIN B6 TABLET 100 MG ORAL - Tier 2; QL
 TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL
 TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
vitamin e natural - Tier 1
vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1
vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL

NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL

Vitamins

Electrolytes/Minerals/Metals/Vitamins

prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL

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Prior Authorization / Class Criteria

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<i>buspirone hcl oral</i>	45	<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i>	77	<i>calcium oral tablet 1500 (600 ca) mg</i>	180
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	7	<i>calcium 600/vitamin d</i>	77	<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i>	180
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	7	<i>calcium 600/vitamin d-3</i>	77	<i>calcium plus vitamin d</i>	78
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<i>cefadroxil</i>	20	<i>childrens allergy oral liquid 12.5 mg/5ml</i>	153	<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	91
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<i>fiber therapy oral powder 28.3 %</i>	105	<i>fluocinolone acetonide scalp</i>	66	<i>foltrin</i>	79
<i>fiber therapy oral tablet 500 mg</i>	107	<i>fluocinonide emulsified base</i>	66	<i>foot & sneaker</i>	136
<i>fiber therapy oral tablet 625 mg</i>	107	<i>fluocinonide external cream</i>	66	<i>foot care (terbinafine)</i>	30
<i>fiber-caps</i>	107	<i>fluocinonide external solution</i>	66	<i>for sty relief</i>	146
<i>fiber-lax</i>	107	<i>fluoridex daily renewal</i>	76	FORFIVO XL.....	26
FINACEA EXTERNAL FOAM.....	64	<i>fluorometholone</i>	144	FORTEO.....	130
<i>finasteride oral tablet 5 mg</i>	111	<i>fluorouracil external cream 5 %</i>	68	FOSAMAX.....	130
<i>fingolimod hcl</i>	63	<i>fluorouracil external solution</i>	68	FOSAMAX PLUS D.....	130
FINTEPLA.....	23	<i>fluoxetine hcl oral capsule</i>	26	<i>fosamprenavir calcium</i>	44
<i>finzala</i>	117	<i>fluoxetine hcl oral solution</i>	26	<i>fosinopril sodium</i>	54
<i>first aid antibiotic external ointment , 3.5-</i>		<i>fluphenazine decanoate injection</i>	40	<i>fosinopril sodium-hctz</i>	57
<i>400-5000</i>	22	<i>fluphenazine hcl injection</i>	40	FREESTYLE LIBRE 14 DAY READER.....	74
<i>first aid antiseptic external solution 10 %</i>	22	<i>fluphenazine hcl oral concentrate</i>	40	FREESTYLE LIBRE 14 DAY SENSOR.....	74
FIRVANQ.....	19	<i>fluphenazine hcl oral elixir</i>	40	FREESTYLE LIBRE 2 READER.....	74
FLANAX.....	4	<i>fluphenazine hcl oral tablet</i>	40	FREESTYLE LIBRE 2 SENSOR.....	74

FREESTYLE LIBRE 3 SENSOR.....	74	<i>ft aspirin low dose</i>	136	<i>ft mucus relief 12hr oral tablet extended</i>	
FREESTYLE LIBRE READER.....	74	<i>ft athletes foot (terbinafine)</i>	31	<i>release 12 hour 1200 mg</i>	159
FREESTYLE PRECISION NEO TEST.....	74	<i>ft chest congestion relief</i>	159	<i>ft mucus relief d 12 hour</i>	172
FREESTYLE TEST.....	74	<i>ft children's pain/fever</i>	10	<i>ft mucus relief dm oral tablet extended</i>	
<i>freeze dried acidophilus</i>	97	<i>ft clearlax</i>	105	<i>release 12 hour 30-600 mg</i>	172
FROVA.....	32	<i>ft cold & cough relief dm</i>	172	<i>ft nasal decongestant max str oral tablet...</i>	172
<i>fruity c</i>	181	<i>ft docosanol</i>	72	<i>ft nasal decongestant max str oral tablet</i>	
<i>ft 12 hour cough relief</i>	171	<i>ft double antibiotic</i>	136	<i>extended release 12 hour</i>	172
<i>ft 24 hour nasal allergy</i>	167	<i>ft earwax removal</i>	151	<i>ft nasal decongestant pe</i>	159
<i>ft 8 hour pain relief</i>	10	<i>ft earwax removal kit</i>	151	<i>ft nasal spray</i>	172
<i>ft acid reducer oral capsule delayed</i>		<i>ft enema mineral oil</i>	105	<i>ft nicotine</i>	18
<i>release</i>	92	<i>ft enema saline</i>	98	<i>ft nicotine mini</i>	18
<i>ft acid reducer oral tablet</i>	91	<i>ft enteric coated aspirin</i>	136	<i>ft pain & fever childrens</i>	11
<i>ft all day allergy</i>	153	<i>ft eye drops</i>	146	<i>ft pain & fever infants</i>	11
<i>ft all day allergy 24 hour</i>	153	<i>ft fiber laxative</i>	107	<i>ft pain relief adult extra st</i>	11
<i>ft all day allergy relief</i>	166	<i>ft fiber oral powder 43 %</i>	105	<i>ft pain relief extra strength</i>	11
<i>ft all day allergy-d</i>	164	<i>ft gas relief</i>	98	<i>ft pain relief oral tablet 200 mg</i>	4
<i>ft all day pain relief</i>	4	<i>ft gas relief extra strength</i>	98	<i>ft pain relief oral tablet 325 mg</i>	11
<i>ft allergy childrens</i>	166	<i>ft gas relief infants</i>	98	<i>ft pain reliever ex str adult</i>	11
<i>ft allergy d-12 hour</i>	172	<i>ft gas relief ultra strength</i>	98	<i>ft senna laxative</i>	107
<i>ft allergy relief 12 hour</i>	166	<i>ft gentle laxative</i>	136	<i>ft senna laxatives</i>	108
<i>ft allergy relief 24 hour</i>	166	<i>ft ibuprofen ib childrens</i>	4	<i>ft senna-s</i>	108
<i>ft allergy relief cetirizine</i>	153	<i>ft ibuprofen oral tablet</i>	4	<i>ft stomach relief oral suspension</i>	98
<i>ft allergy relief childrens oral liquid</i>	154	<i>ft itch relief max strength external cream</i>	66	<i>ft stomach relief oral tablet</i>	98
<i>ft allergy relief loratadine</i>	166	<i>ft itch relief/aloe max str</i>	66	<i>ft stomach relief oral tablet chewable</i>	98
<i>ft allergy relief oral capsule</i>	154	<i>ft laxative</i>	136	<i>ft stool softener oral capsule</i>	108
<i>ft allergy relief oral tablet 180 mg</i>	166	<i>ft lice killing max st</i>	38	<i>ft stool softener oral tablet 50-8.6 mg</i>	108
<i>ft allergy relief oral tablet 25 mg</i>	154	<i>ft lubricant eye drops ophthalmic solution</i>		<i>ft triple antibiotic</i>	22
<i>ft allergy relief-d</i>	172	<i>0.4-0.3 %</i>	146	<i>ft tussin adult</i>	159
<i>ft antacid & antigas</i>	98	<i>ft lubricant eye drops ophthalmic solution</i>		<i>ft tussin cf adult</i>	164
<i>ft antacid extra strength</i>	98	<i>0.5 %</i>	146	<i>ft tussin dm max adult</i>	172
<i>ft antacid regular strength</i>	98	<i>ft magnesium citrate</i>	107	<i>ft vitamin d3 oral tablet</i>	84
<i>ft antibiotic</i>	136	<i>ft magnesium oxide</i>	79	<i>full spectrum b/vitamin c</i>	84
<i>ft anti-diarrheal oral tablet</i>	90	<i>ft miconazole 3 combo pack</i>	29	FULPHILA.....	52
<i>ft anti-diarrheal/anti-gas</i>	98	<i>ft miconazole 7</i>	29	<i>fungi-guard</i>	136
<i>ft antifungal external cream 1 %</i>	136	<i>ft migraine relief</i>	11	FUROSCIX.....	57
<i>ft antifungal external cream 2 %</i>	31	<i>ft milk of magnesia</i>	98	<i>furosemide oral solution 10 mg/ml</i>	57
<i>ft arthritis pain reliever</i>	10	<i>ft mineral oil</i>	105	<i>furosemide oral tablet</i>	57
<i>ft aspirin</i>	136	<i>ft motion sickness oral tablet 50 mg</i>	27	FUZEON.....	44

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FYLNETRA.....	136	<i>gemfibrozil oral</i>	58	<i>glipizide xl</i>	47
<i>g tussin ac</i>	172	GEMTESA.....	41	<i>glucagon emergency injection kit</i>	48
<i>gabapentin oral capsule</i>	24	<i>generlac</i>	90	GLUCAGON EMERGENCY INJECTION	
<i>gabapentin oral solution 250 mg/5ml</i>	24	<i>gengraf oral capsule</i>	126	SOLUTION RECONSTITUTED.....	48
<i>gabapentin oral tablet 600 mg, 800 mg</i>	24	GENOTROPIN.....	114	GLUCO TO GO.....	50
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<i>galantamine hydrobromide oral tablet 12</i>		<i>gentamicin sulfate external</i>	69	<i>glucose oral tablet chewable 4 gm</i>	50
<i>mg, 8 mg</i>	25	<i>gentamicin sulfate ophthalmic</i>	144	<i>glyburide micronized</i>	47
<i>galantamine hydrobromide oral tablet 4 mg</i>	25	GENTEAL SEVERE.....	146	<i>glyburide oral</i>	47
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<i>gas relief extra strength</i>	98	GENTEAL TEARS NIGHT-TIME.....	146	<i>glycerin (adult) rectal suppository 2 gm</i>	108
<i>gas relief extstrength</i>	98	GENTEAL TEARS OPHTHALMIC		<i>glycerin (infants & children) rectal</i>	
<i>gas relief infants</i>	98	SOLUTION 0.1-0.2-0.3 %.....	146	<i>suppository 1 gm</i>	108
<i>gas relief infants drops oral suspension 40</i>		GENTEAL TEARS PF.....	146	<i>glycerin adult rectal suppository 2 gm</i>	108
<i>mg/0.6ml</i>	98	GENTEAL TEARS SEVERE DAY/NIGHT.....	146	<i>glycerin child rectal suppository 1 gm, 1.2</i>	
<i>gas relief infants oral suspension 20</i>		<i>gentle laxative</i>	136	<i>gm</i>	108
<i>mg/0.3ml</i>	98	<i>gentle laxative womens</i>	137	<i>glycerin childrens</i>	108
<i>gas relief oral capsule 125 mg</i>	99	<i>gentlelax</i>	105	<i>glycerin external liquid , 99.5 %</i>	71
<i>gas relief oral capsule 180 mg</i>	99	<i>genuine aspirin</i>	137	<i>glycerin pediatric rectal suppository 1.2 gm</i>	
<i>gas relief oral tablet chewable 125 mg</i>	99	GENVOYA.....	42	108
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<i>gas relief ultra strength</i>	99	<i>geri-dryl</i>	154	<i>glycopyrrolate oral tablet 1 mg</i>	90
<i>gas relief ultstrength</i>	99	<i>geri-kot</i>	108	<i>glycopyrrolate oral tablet 2 mg</i>	90
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TABLET CHEWABLE.....	99	<i>geri-lanta supreme</i>	99	<i>gormel 10</i>	72
GAS-X ULTRA STRENGTH.....	99	<i>geri-mox</i>	100	GRALISE ORAL TABLET 300 MG, 600	
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<i>gavilax oral powder</i>	105	<i>geri-tussin oral liquid</i>	159	GRANIX.....	52
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<i>gavilyte-g</i>	91	GILOTRIF.....	141	<i>griseofulvin ultramicrosize</i>	29
<i>gavilyte-n with flavor pack</i>	91	<i>giltuss severe sinus</i>	172	<i>guaifenesin er oral tablet extended release</i>	
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<i>gefitinib</i>	141	<i>glipizide er</i>	47	<i>guaifenesin-dm oral syrup</i>	172

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GVOKE HYPOPEN 2-PACK.....	48	HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML.....	53	HUMULIN 70/30 KWIKPEN.....	49
GVOKE KIT.....	48	<i>hemorrhoidal rectal suppository 0.25-3-85.5 %</i>	72	HUMULIN 70/30 VIAL.....	49
GVOKE PFS.....	48	<i>heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml</i>	51	HUMULIN N KWIKPEN.....	49
GYNAZOLE-1.....	29	<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	51	HUMULIN N VIAL.....	49
<i>habitrol</i>	17	<i>heparin sodium (porcine) injection solution prefilled syringe</i>	51	HUMULIN R U-500 KWIKPEN.....	49
HADLIMA.....	137	<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	51	HUMULIN R U-500 VIAL (CONCENTRATED).....	49
HADLIMA PUSH TOUCH.....	137	<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	51	HUMULIN R VIAL.....	49
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<i>hailey 24 fe</i>	117	<i>hi cal</i>	79	<i>hydrochlorothiazide oral capsule</i>	57
<i>hailey fe 1.5/30</i>	117	HIBERIX.....	127	<i>hydrochlorothiazide oral tablet 12.5 mg</i>	57
<i>hailey fe 1/20</i>	117	HORIZANT.....	62	<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	57
HALCION.....	179	HUMALOG.....	48	<i>hydrocodone bit-homatrop mbr</i>	137
<i>halobetasol propionate external cream</i>	67	HUMALOG JUNIOR KWIKPEN.....	48	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	7
<i>haloette</i>	117	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	49	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	7
<i>haloperidol decanoate intramuscular</i>	40	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	49	<i>hydrocortisone (perianal)</i>	129
<i>haloperidol oral</i>	40	HUMALOG MIX 50/50 KWIKPEN.....	49	<i>hydrocortisone anti-itch</i>	67
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HAVRIX.....	127	HUMALOG MIX 75/25 KWIKPEN.....	49	<i>hydrocortisone butyrate external solution</i>	67
<i>headache formula oral tablet 250-250-65 mg</i>	11	HUMALOG TEMPO PEN.....	49	<i>hydrocortisone external cream 0.5 %, 2.5 %</i>	67
<i>headache relief extra str</i>	11	HUMATROPE.....	114	<i>hydrocortisone external cream 1 %</i>	67
<i>headache relief oral tablet 250-250-65 mg</i> ..	11			<i>hydrocortisone external lotion 2.5 %</i>	67
<i>healthy hair/skin/nails</i>	84				
<i>heartburn antacid</i>	100				
<i>heartburn antacid ex st</i>	100				
<i>heartburn prevention oral tablet 10 mg</i>	91				
<i>heartburn relief ex st</i>	100				
<i>heartburn relief oral tablet 10 mg</i>	92				
<i>heartburn relief oral tablet 200 mg</i>	92				
<i>heartburn relief oral tablet chewable 160-105 mg</i>	100				

<i>hydrocortisone external ointment 0.5 %</i>	67	<i>ibuprofen cold/sinus oral tablet 30-200 mg</i>	172	<i>indoor/outdoor allergy rlf</i>	154
<i>hydrocortisone external ointment 1 %</i>	67	<i>ibu-profen cold/sinus oral tablet 30-200 mg</i>	173	INFANRIX.....	127
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<i>hydrocortisone max st external cream</i>	67	<i>ibuprofen ib childrens</i>	4	INFANTS ADVIL.....	5
<i>hydrocortisone max st/12 moist</i>	67	<i>ibuprofen ib oral tablet 200 mg</i>	4	<i>infants gas relief</i>	100
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i>	113	<i>ibuprofen infants oral suspension 50</i>	5	<i>infants ibuprofen</i>	5
<i>mg</i>	113	<i>mg/1.25ml</i>	5	<i>infants pain & fever</i>	11
<i>hydrocortisone plus</i>	67	<i>ibuprofen jr oral tablet 100 mg</i>	5	<i>infants pain relief drops</i>	11
<i>hydrocortisone rectal enema 100 mg/60ml</i>	129	<i>ibuprofen junior</i>	5	<i>infants pain/fever</i>	11
<i>hydrocortisonel/aloe</i>	67	<i>ibuprofen junior strength oral tablet</i>	5	INGREZZA.....	62
<i>hydrocortisonel/aloe max str</i>	67	<i>chewable 100 mg</i>	5	INLYTA.....	141
<i>hydrocortisone-acetic acid</i>	150	<i>ibuprofen oral suspension 100 mg/5ml</i>	5	INSPIREASE.....	137
<i>hydrolatum</i>	71	<i>ibuprofen oral tablet 200 mg</i>	5	INSPIREASE RESERVOIR BAGS.....	137
<i>hydromet</i>	137	<i>ibuprofen oral tablet 400 mg, 600 mg, 800</i>	5	<i>instacort 5</i>	67
<i>hydromorphone hcl oral</i>	7	<i>mg</i>	5	INSULIN ASPART.....	49
<i>hydromorphone hcl rectal</i>	7	<i>icatibant acetate</i>	125	INSULIN ASPART PROT & ASPART.....	49
<i>hydrophor</i>	71	<i>iclevia</i>	117	INSULIN DEGLUDEC.....	49
<i>hydroxychloroquine sulfate oral tablet 200</i>	37	ICLUSIG.....	141	INSULIN DEGLUDEC FLEXTOUCH.....	49
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<i>hydroxyzine hcl oral</i>	45	<i>iferex 150 forte</i>	79	INSULIN LISPRO (1 UNIT DIAL).....	49
<i>hydroxyzine pamoate oral</i>	45	IHEALTH COVID-19 RAPID TEST.....	137	INSULIN LISPRO JUNIOR KWIKPEN.....	49
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<i>hyoscyamine sulfate er</i>	137	ILEVRO.....	144	INSULIN PEN NEEDLES 29G X 12.7MM..	137
<i>hyoscyamine sulfate oral</i>	137	ILUMYA.....	125	INSULIN PEN NEEDLES 29G X 12MM ,	137
<i>hyoscyamine sulfate sublingual</i>	137	<i>imatinib mesylate</i>	141	31G X 5 MM , 31G X 6 MM , 31G X 8 MM.	137
<i>hyosyne</i>	137	IMBRUVICA.....	141	INSULIN PEN NEEDLES 32G X 4 MM ,	74
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SOLUTION 7 %.....	172	<i>imiquimod external cream 5 %</i>	68	INSULIN SYRINGES 28G X 1/2" 0.5 ML,	137
HYPERTET.....	128	IMITREX.....	32	28G X 1/2" 1 ML.....	137
HYPOTEARSA.....	146	IMODIUM A-D ORAL TABLET.....	90	INSULIN SYRINGES 29G X 1/2" 0.3 ML,	137
HYSINGLA ER.....	6	IMODIUM MULTI-SYMPTOM RELIEF.....	100	29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML....	137
IBRANCE ORAL CAPSULE.....	35	INBRIJA.....	39	INSULIN SYRINGES 29G X 1/2" 1 ML,	137
IBRANCE ORAL TABLET.....	35	<i>incassia</i>	122	30G X 5/16" 0.5 ML.....	137
IBSRELA.....	90	INCRELEX.....	114	INSULIN SYRINGES 30G X 1/2" 1 ML,	137
<i>ibuprofen</i>	4	INCRUSE ELLIPTA.....	155	31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML,	137
<i>ibuprofen childrens oral tablet chewable</i>	4	<i>indapamide</i>	57	31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML.....	137
<i>100 mg</i>	4	INDICAID COVID-19 RAPID TEST.....	137	INSULIN SYRINGES 30G X 5/16" 1 ML....	137
<i>ibuprofen cold & sinus</i>	172	<i>indomethacin oral capsule</i>	5	INTELENCE ORAL TABLET 25 MG.....	43

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<i>intestinex</i>	100	<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg</i>	51	KETO-DIASTIX	74
<i>introvale</i>	117	<i>jantoven oral tablet 6 mg</i>	51	KETONE CARE	74
INVEGA	40	JANUMET	47	KETONE TEST	74
INVEGA HAFYERA	40	JANUMET XR	47	<i>ketoprofen oral capsule 25 mg</i>	5
INVEGA SUSTENNA	40	JANUVIA	47	<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	144
INVEGA TRINZA	40	JARDIANCE	47	<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	144
INVELTYS	144	<i>jasmiel</i>	117	<i>ketorolac tromethamine oral</i>	5
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INVOKAMET XR	47	<i>jencycla</i>	122	<i>ketotifen fumarate ophthalmic</i>	150
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IPOL	127	JENTADUETO XR	47	KINERET	125
<i>ipratropium bromide inhalation</i>	155	<i>jock itch external cream 1 %</i>	31	KISQALI (200 MG DOSE)	35
<i>ipratropium bromide nasal</i>	155	<i>jock itch max st</i>	137	KISQALI (400 MG DOSE)	35
<i>ipratropium-albuterol</i>	167	<i>jock itch spray powder</i>	137	KISQALI (600 MG DOSE)	35
<i>irbesartan</i>	54	<i>jolessa</i>	117	KISQALI FEMARA (200 MG DOSE)	35
<i>irbesartan-hydrochlorothiazide</i>	57	JORNAY PM	60	KISQALI FEMARA (400 MG DOSE)	35
IRESSA	141	JUBLIA	70	KISQALI FEMARA (600 MG DOSE)	35
<i>iron (ferrous sulfate) oral solution</i>	79	<i>juleber</i>	117	<i>klayesta</i>	70
<i>iron infant/toddler</i>	79	JULUCA	42	<i>klor-con</i>	76
<i>iron oral tablet 240 (27 fe) mg</i>	79	<i>junel 1.5/30</i>	117	<i>klor-con 10</i>	76
<i>iron oral tablet 325 (65 fe) mg</i>	79	<i>junel 1/20</i>	117	<i>klor-con m10</i>	76
<i>iron supplement childrens</i>	80	<i>junel fe oral tablet 1.5-30 mg-mcg</i>	117	<i>klor-con m20</i>	76
ISENTRESS HD	42	<i>junel fe oral tablet 1-20 mg-mcg</i>	117	<i>klor-con/lef</i>	181
ISENTRESS ORAL PACKET	42	<i>junel fe oral tablet 1-20 mg-mcg(24)</i>	118	KLOXXADO	17
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<i>itraconazole oral</i>	29	<i>ketoconazole external cream</i>	70	<i>lacosamide oral tablet</i>	24
<i>ivermectin oral</i>	37	<i>ketoconazole external shampoo</i>	70	<i>lactobacillus oral tablet</i>	100
<i>jaimiess</i>	117				

<i>lacto-pectin</i>	100	<i>laxative pills oral tablet 25 mg</i>	108	<i>levonorgestrel-ethinyl estrad oral tablet</i>	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	90	<i>laxative rectal suppository 10 mg</i>	137	<i>0.15-30 mg-mcg</i>	118
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<i>lamivudine oral solution</i>	43	<i>lenalidomide</i>	34	<i>levoxyl</i>	123
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<i>laxative oral powder 17 gm/scoop</i>	105	<i>levofloxacin oral tablet</i>	21	<i>liquid corn & callus rem</i>	138
<i>laxative oral tablet delayed release 5 mg</i>	137	<i>levonest</i>	118	<i>liquid pain relief</i>	11
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<i>lorazepam injection</i>	45	<i>lubricating plus ophthalmic solution 0.5 %</i>	147	<i>magnesium oxide -mg supplement oral</i>	
<i>lorazepam oral tablet</i>	45	<i>lubricating plus pf</i>	147	<i>tablet 400 (240 mg) mg</i>	80
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<i>meclizine hcl oral tablet 25 mg</i>	27	<i>mesalamine oral tablet delayed release 1.2</i>		<i>metoclopramide hcl oral tablet</i>
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<i>mucus relief chest oral tablet 400 mg</i>	160	<i>multivitamin/fluoride oral tablet chewable</i>	85	<i>naproxen oral suspension</i>	6
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<i>podofilox external solution</i>	68	<i>prasugrel hcl</i>	53	<i>prenatal multi+dha</i>	86
<i>poly bacitracin</i>	139	<i>pravastatin sodium</i>	58	<i>prenatal multivitamins</i>	86
<i>polycin</i>	144	<i>praziquantel oral</i>	37	<i>prenatal oral tablet 27-0.8 mg</i>	86
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